

Name  
in  
Full

John W. Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Easton

Town

Talbot

County

MARYLAND

Date

of death 1907

Month

July

Day

27

Age

Years

81

Months

10

Days

22

Sex

Male

Color or  
Race

White

Birth  
place

Crosswicks N. J.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John W. Barber

Father's  
Name

Burtis Barber

Father's  
Birthplace

New Jersey

Mother's  
Maiden Name

Mercy Allen

Mother's  
Birthplace

New Jersey

Name of person giving  
information

Isaac A. Barber

How related  
to deceased

Son

## CAUSES OF DEATH

145

Primary

Sarcoma of the Kidney

How long

One year

Immediate

Acute Nephritis

How long

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

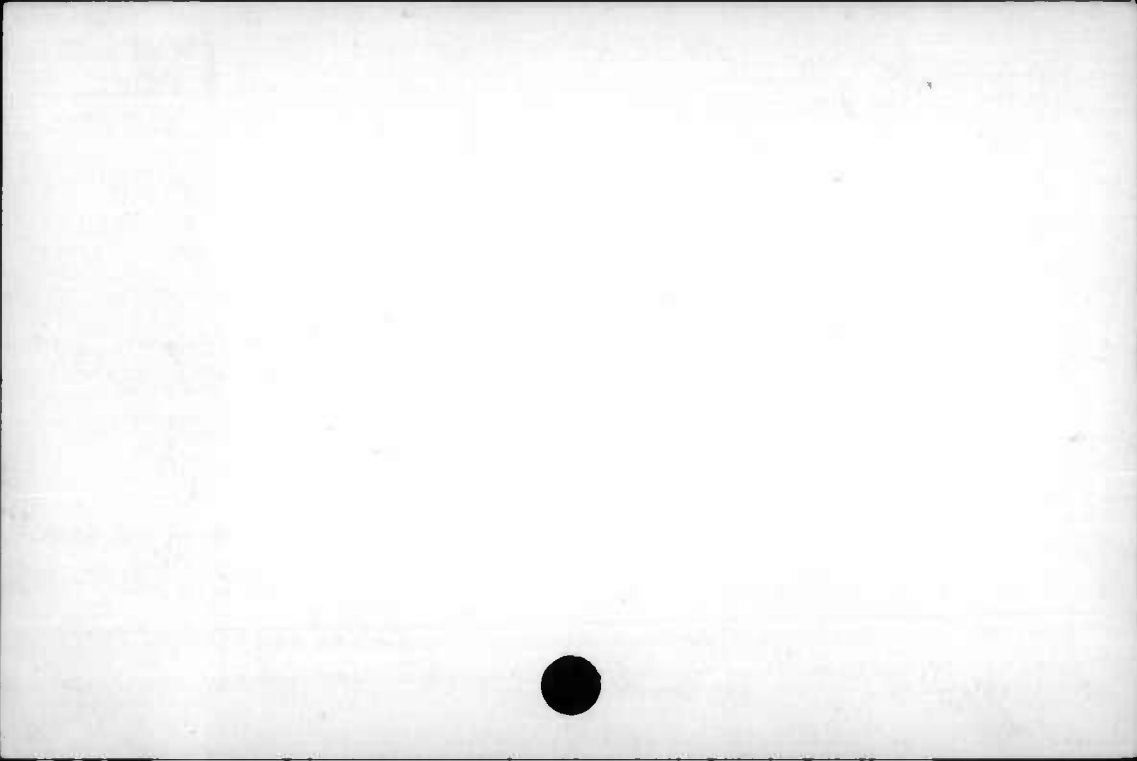
Address

J. H. Stevens  
Easton

Md.

Accident or Suicide?

no



Name  
in  
Full

Wilfred Baleman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talcott		MARYLAND	
Date of death		1907	Month July	Day 9	Age 47	Years	Months Days
Sex Male		Color or Race white		Birth place Washington D.C.			
Occupation Lawyer		Where Residing if not at place of death Easton					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry E Baleman		Father's Birthplace					
Mother's Maiden Name Ariana M. Perkins		Mother's Birthplace Talcott Co					
Name of person giving information Thyngthorpe		How related to deceased None					

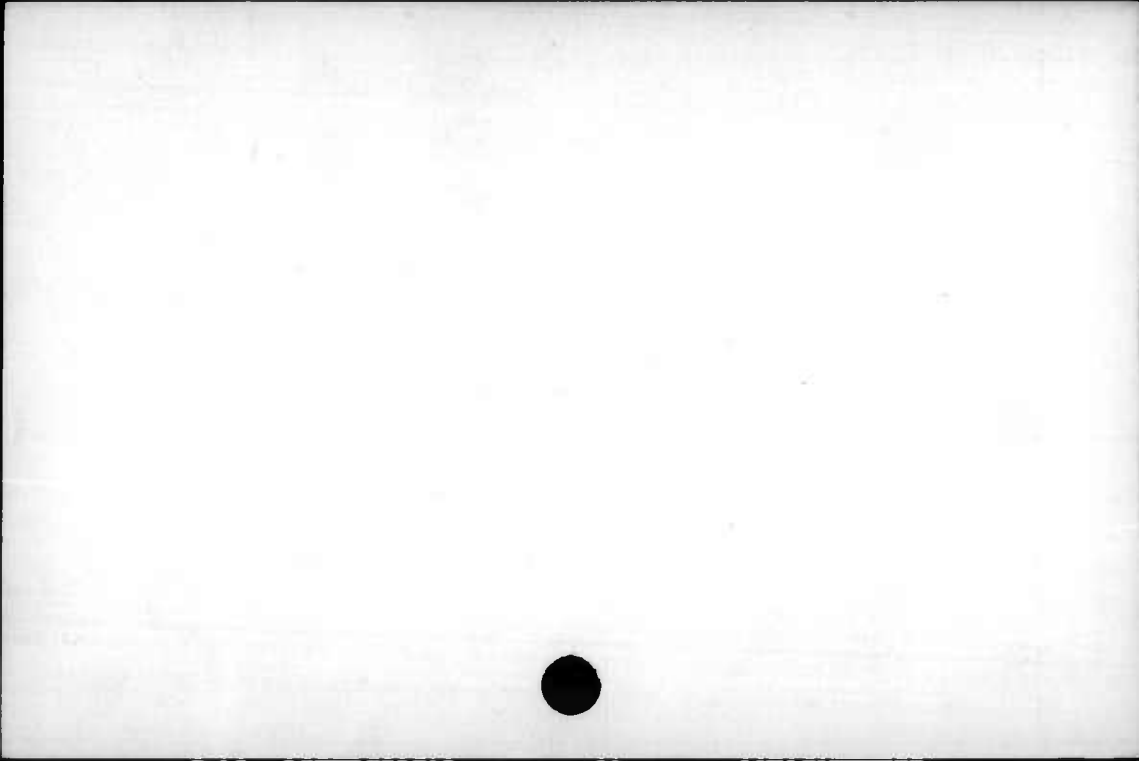
## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's Disease	How long	Four years
Immediate	Uraemia	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Stevens	
Address		Easton	
Accident or Suicide?		No	

Med.



Name  
in  
Full

Annie E Carroll

CERTIFICATE OF DEATH

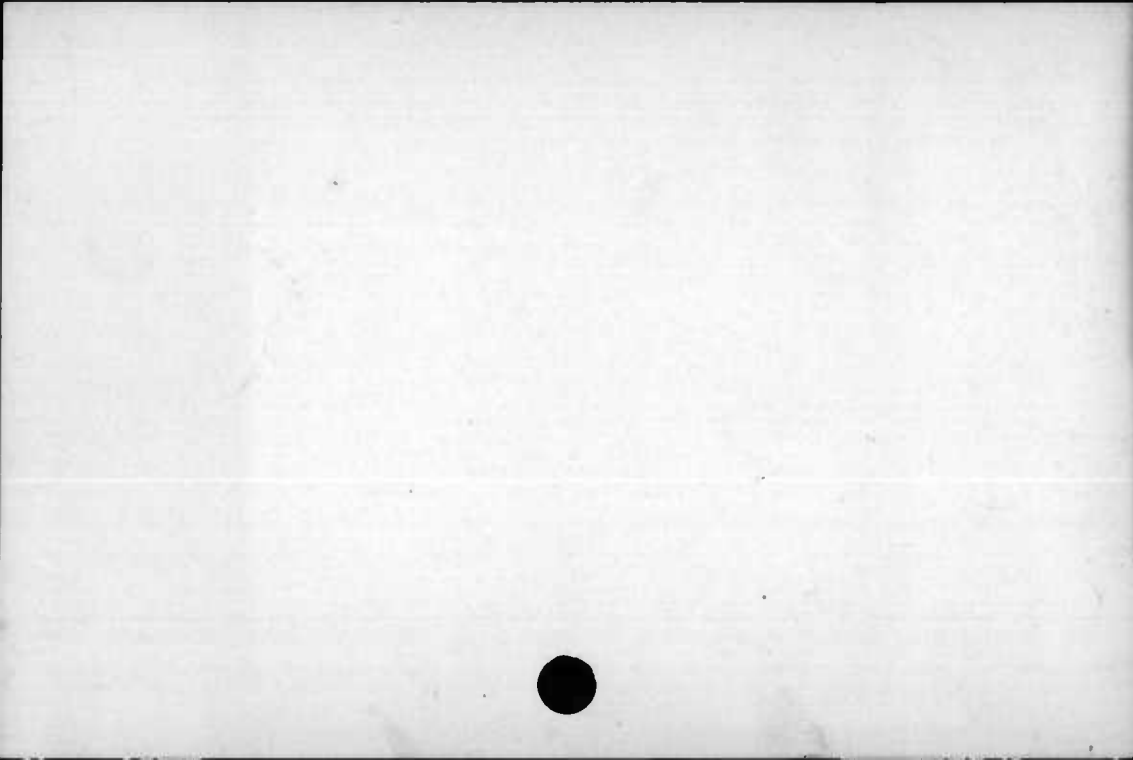
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belvue</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>24</i>	Age <i>19</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Somerset</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Carroll</i>	Father's Birthplace <i>Princes Ann</i>				
Mother's Maiden Name <i>Lebra Sterling</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Lebra Carroll</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	<i>120</i>	How long <i>2 years</i>
Immediate <i>Asthma</i>		How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel C. Lippe</i>	Address <i>Royal Oak Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alfred brockett

Died at *Tilghman* Town*Talbot* County

MARYLAND

Date of death *1907* Month *July*Day *17th*Age *21* YearsMonths *9*Days *15*Sex *Male*Color or  
Race*White*Birth-  
place*Tangier I., Va.*

Occupation

*Oysterman*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Lewis H. brockett*Father's  
Birthplace*Tangier I., Va.*Mother's  
Maiden Name*Rachel brockett*Mother's  
Birthplace*Tangier I., Va.*Name of person giving  
In formation*Lewis H. brockett*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*172*

How long

Immediate

*Drowning*

How long

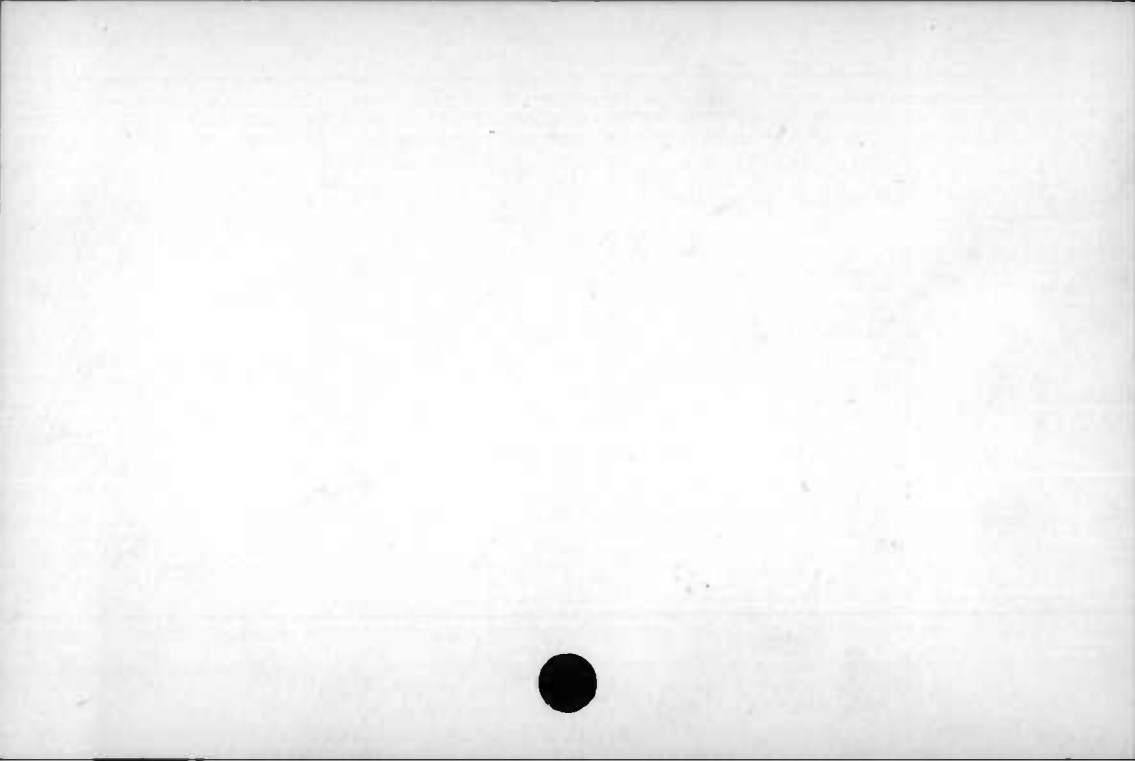
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*William F. Day, Jr.*

Address

*Tilghman*

Accident or Suicide?

*Accident**Talbot Co.**md*PHYSICIAN  
OR CORONER





Name  
in  
Full

Lawrence Allan Crockett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Tilghman</i> Town		<i>Talbot</i> County			
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Tilghman</i>	Months <i>4</i>	Days <i>26</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>David Brindell Crockett</i>			Father's Birthplace <i>Ta</i>		
Mother's Maiden Name <i>Sidonia Frances Cummings</i>			Mother's Birthplace <i>Tilghman Md</i>		
Name of person giving information <i>"</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Gastro-Enteric Colitis</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. K. Wilson</i>	
	Address <i>Tilghman Md</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death		190	Month <i>7</i>	Day <i>31</i>	Age <i>42</i>	Months <i>4</i>	Days <i>5</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Next to Easton</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas Dobson</i>					
Father's Name <i>Thos Miller</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Anna Honey</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Chas Dobson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

104

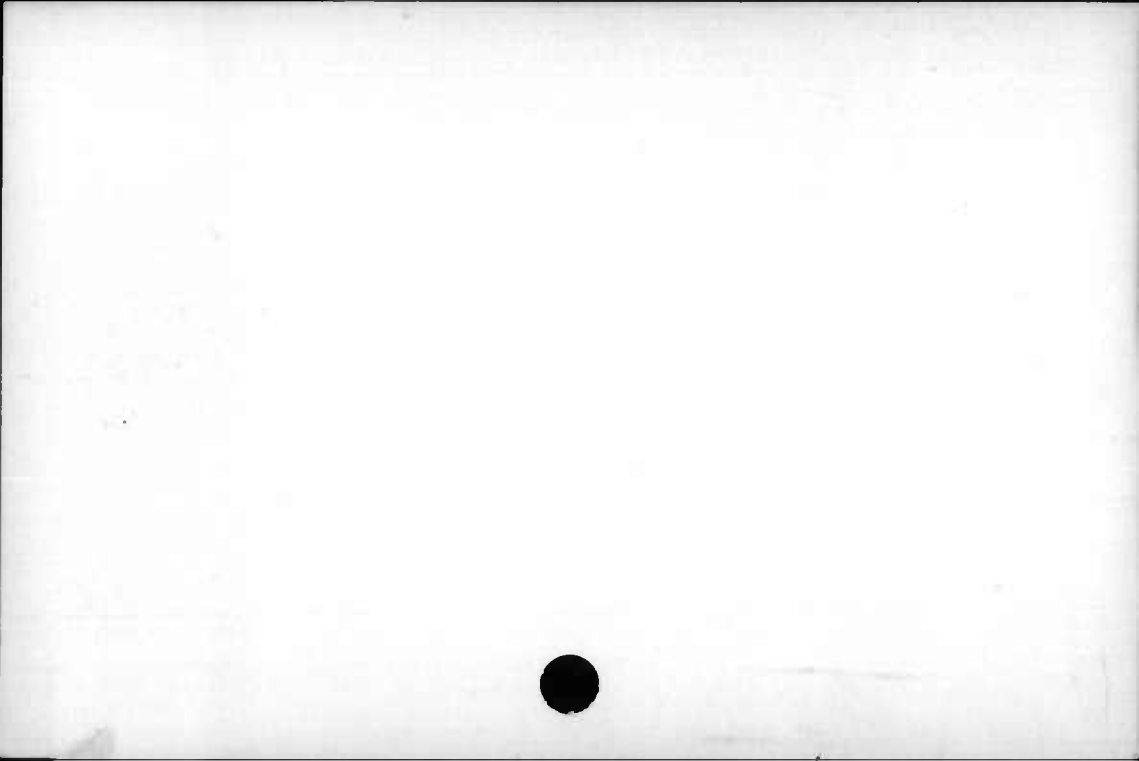
PHYSICIAN  
OR CORONER

Primary	<i>Acute indigestion</i>	How long	<i>6 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Henry Willson</i>	
Address		<i>Easton</i>	
Accident or Suicide?			

uncon 1911

Name in Full		Oziel H. Linn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	offene		County		MARYLAND		
	Date of death	1907	Month	July	Day	25	Age	71
	Sex	Male		Color or Race	White		Birth-place	Late Michigan
	Occupation	Employee of Railroad		Where Residing if not at place of death		offene		
	Married, Single or Widowed	Married		Name of Wife or Husband		Sarah C. Linn		
	Father's Name	Robert Linn		Father's Birthplace		New York City		
	Mother's Maiden Name	Don't Know		Mother's Birthplace		Don't Know		
Name of person giving information	Charles Linn		How related to deceased		Son			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	3 years	
	Immediate	Physical Exhaustion				How long	6 mo.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					offene Mo.			
Accident or Suicide?								

120



Name  
in  
Full

Emery Fields

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

St. Michaels

Talbot

Date

of death

190

7

July

Month

Day

20<sup>th</sup>

Age

Years

50

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Talbot Co.

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Rosa Fields

Father's  
Name

Harrison Fields

Father's  
Birthplace

Royal Oak, Md.

Mother's  
Maiden Name

Annie Brownell

Mother's  
Birthplace

Royal Oak

Name of person giving  
Information

Rosa Fields

How related  
to deceased

Wife

## CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

About month

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

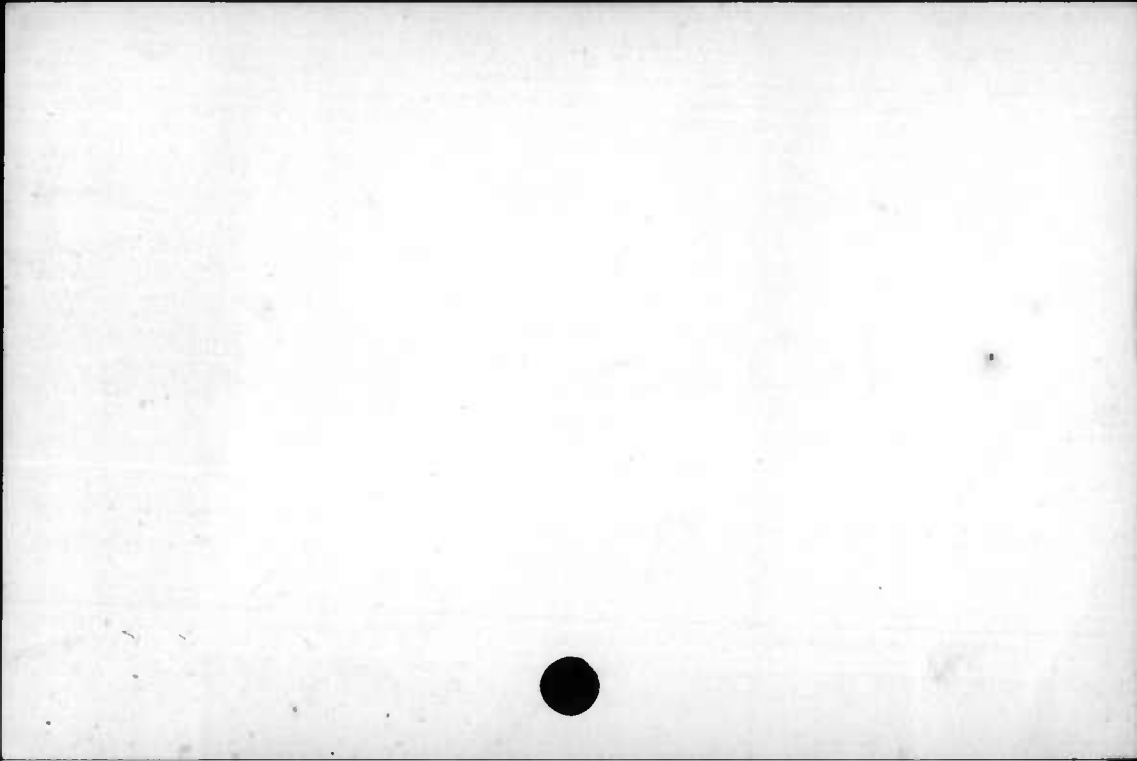
Signature of  
Physician

Address

J. L. Hope, M.D.  
St. Michaels  
Md.

Accident or Suicide?

No





Name  
in  
Full

Dorthea T. Frampton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Easton* Town*Talbot* County

MARYLAND

Date of death *1907* Month *July*Day *Sunday*Age *1* Years

Months

Days *5*

Sex

*Female*Color or  
Race*White*Birth  
place*Hillman, ground*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
HusbandFather's  
Name*Hillard L. Frampton*Father's  
Birthplace*Easton Md*Mother's  
Maiden Name*Alberta Davis*Mother's  
Birthplace*Girdle tree Md*Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Cholera Infantum**(105)*

How long

*9 days*

Immediate

*Exhaustion*

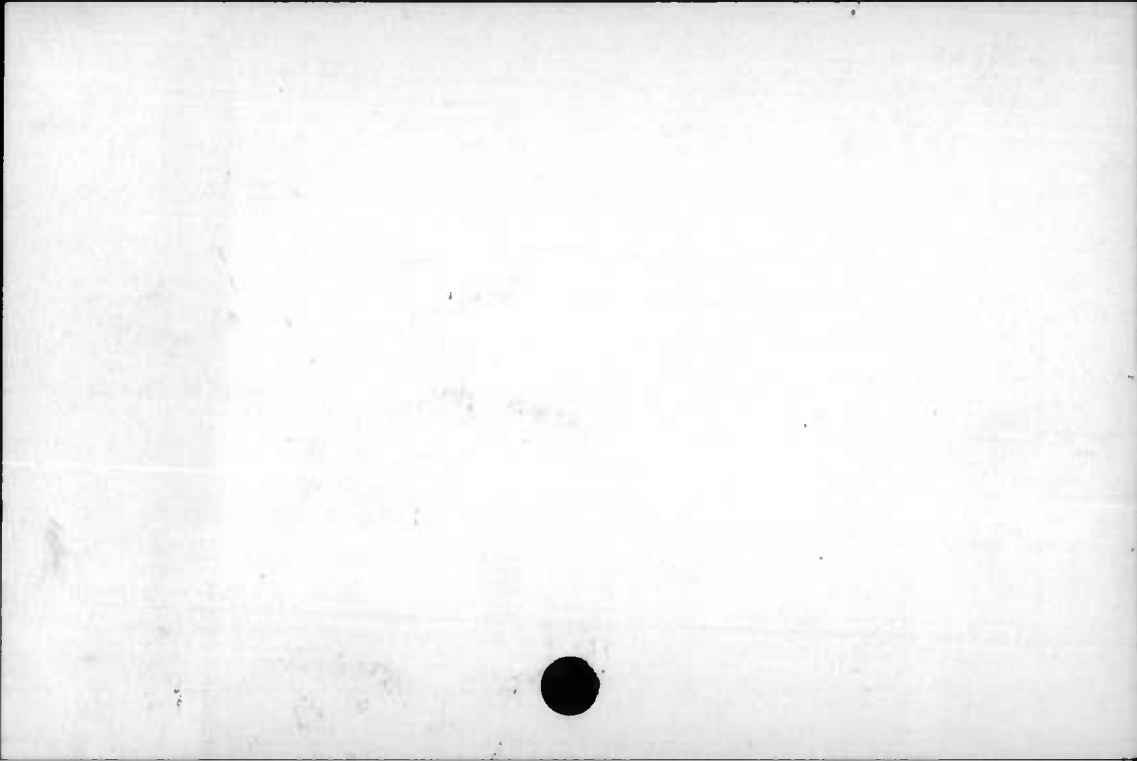
How long

*few hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. F. Davidson*

Address

*Easton**Md*

Accident or Suicide?



Name  
in  
Full

Russell Edward Gardner.

## CERTIFICATE OF DEATH

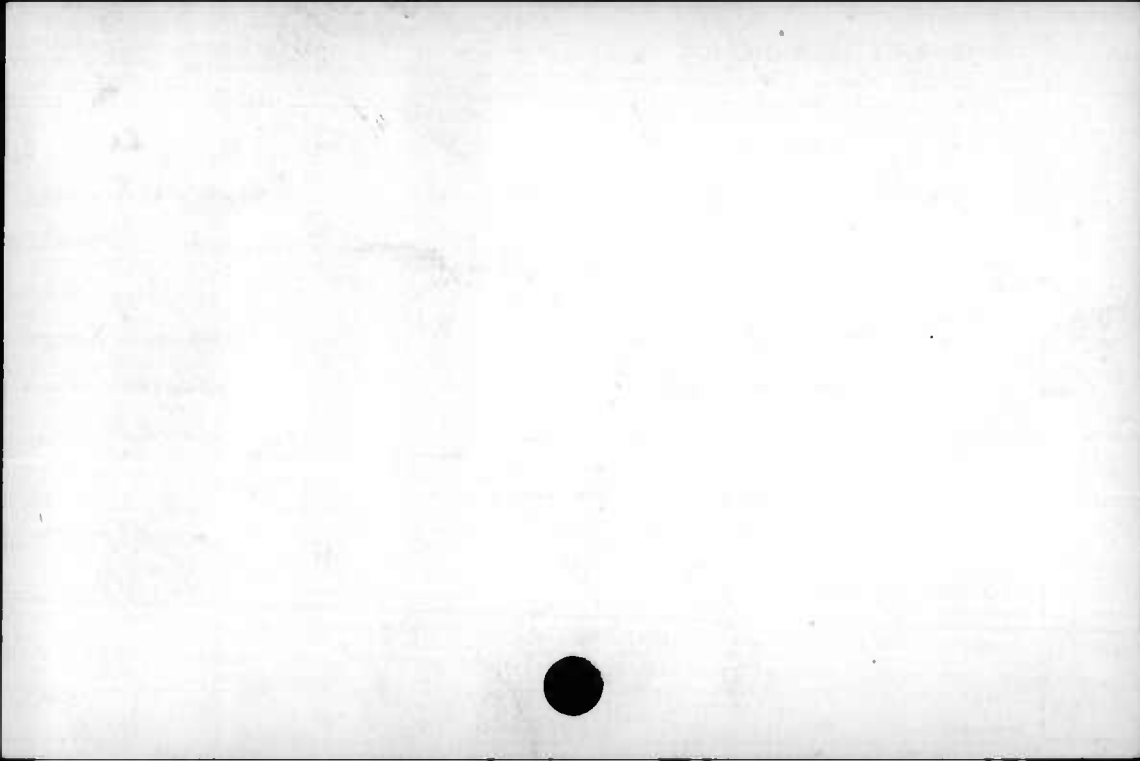
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1907	Month	July	Day	Sunday
Age	—		Years	five	Months
Sex	Male		Color or Race	white	Birth-place
Occupation	X		Where Residing if not at place of death		
Married, Single or Widowed	X		Name of Wife or Husband		
Father's Name	J. Edward Gardner.			Father's Birthplace	Queenstown
Mother's Maiden Name	Bessie M. Ferguson			Mother's Birthplace	Easton
Name of person giving information	Bessie M. Ferguson			How related to deceased	Parents.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Her Colitis</u>	How long	<u>3 weeks</u>
Immediate	<u>General Asthenia</u>	How long	<u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		<u>P. L. Travers.</u>	
		Address	
		<u>Easton Md.</u>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

Alice Mary Gibbons

Town

County

MARYLAND

Died at near Easton

Talbot

Date

Month

Day

Years

Months

Days

of death 1907 7/24/07

23

Age

6

13

Sex

Girl

Color or  
Race

white

Birth-  
place

Berco. Penn

Occupation

Where Residing if not  
at place of death

near Easton Md.

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Michael J. Gibbons

Father's  
Birthplace

Berco. Penn

Mother's  
Maiden Name

Olivia Schott

Mother's  
Birthplace

Columbus Ohio

Name of person giving  
In formation

Michael J. Gibbons

How related  
to deceased

Sister

## CAUSES OF DEATH

1105

Primary

Cholera Infantum  
Exhaustion

How long

not known

Immediate

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Chas. H. Davidson

Easton

hw

Accidental? Suicidal?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Royal Oak* TownCounty *Talbot Co*Date of death *1907 July*

Month

Day

Age

Years

Months

Days

Sex

*Male*

Color or Race

*Negro*

Birth place

*Talbot Co*

Occupation

*Laborer*

Where Residing if not at place of death

*- Royal Oak, Md*~~Married, Single~~  
or Widowed

Name of Wife or Husband

Father's Name

*Wm H. Gibson*

Father's Birthplace

*Talbot Co*

Mother's Maiden Name

*Wm H. Gibson*

Mother's Birthplace

*" "*

Name of person giving information

*Miss Corrie Wallace*

How related to deceased

*Granddaughter*

## CAUSES OF DEATH

79

Primary

*Valvular heart trouble*

How long

*10 months*

Immediate

*Heart trouble*

How long

*—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

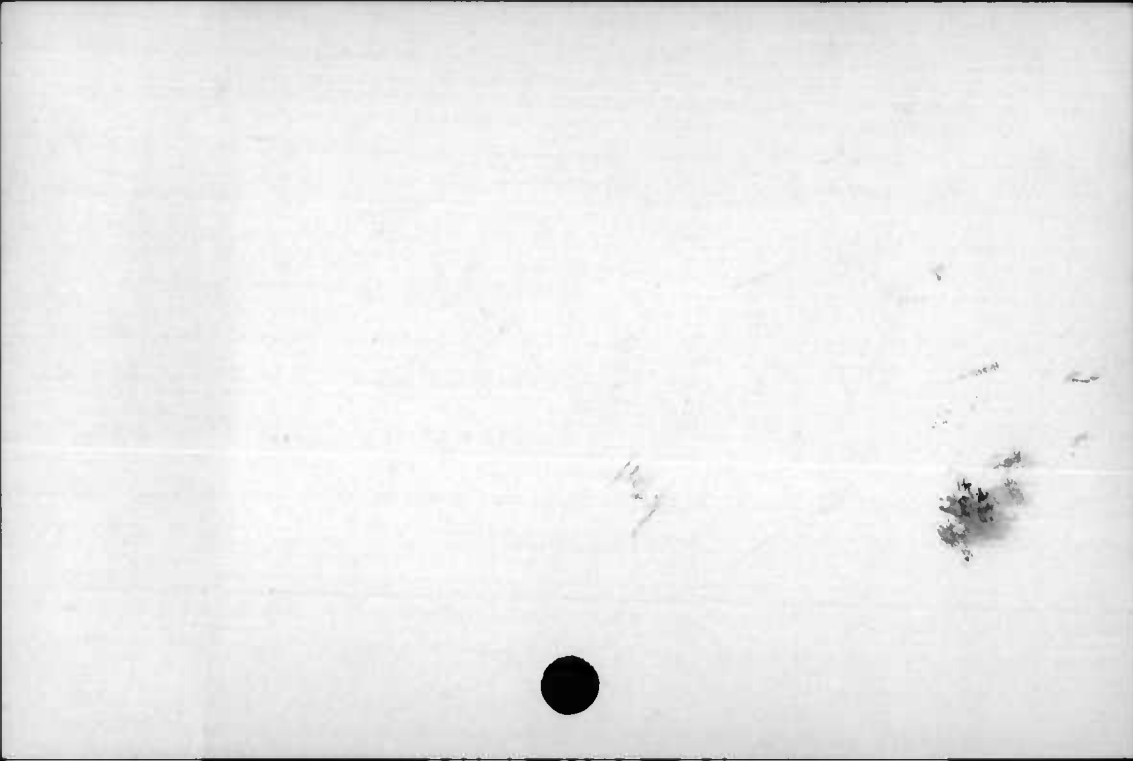
Signature of Physician

*Samuel C. Tripper*

Address

*Royal Oak, Md*

Accident or Suicide?





Name  
in  
Full

Annetta Louise Gossage  
Town Easton County Talbot

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

1907 July

Day

13

Age

Years

10

Months

10

Days

23

Sex

Female

Color or  
Race

White

Birth  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Edith Lillian

Father's  
Name

Wm. L. Gossage

Father's  
Birthplace

Easton

Mother's  
Maiden Name

Lottie Johnson Culver

Mother's  
Birthplace

Chapel

Name of person giving  
In formation

Edith L. Gossage

How related  
to deceased

Mother

CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary

Cerebro-Spinal Meningitis

How long

4 days

Immediate

Convulsions

How long

few hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

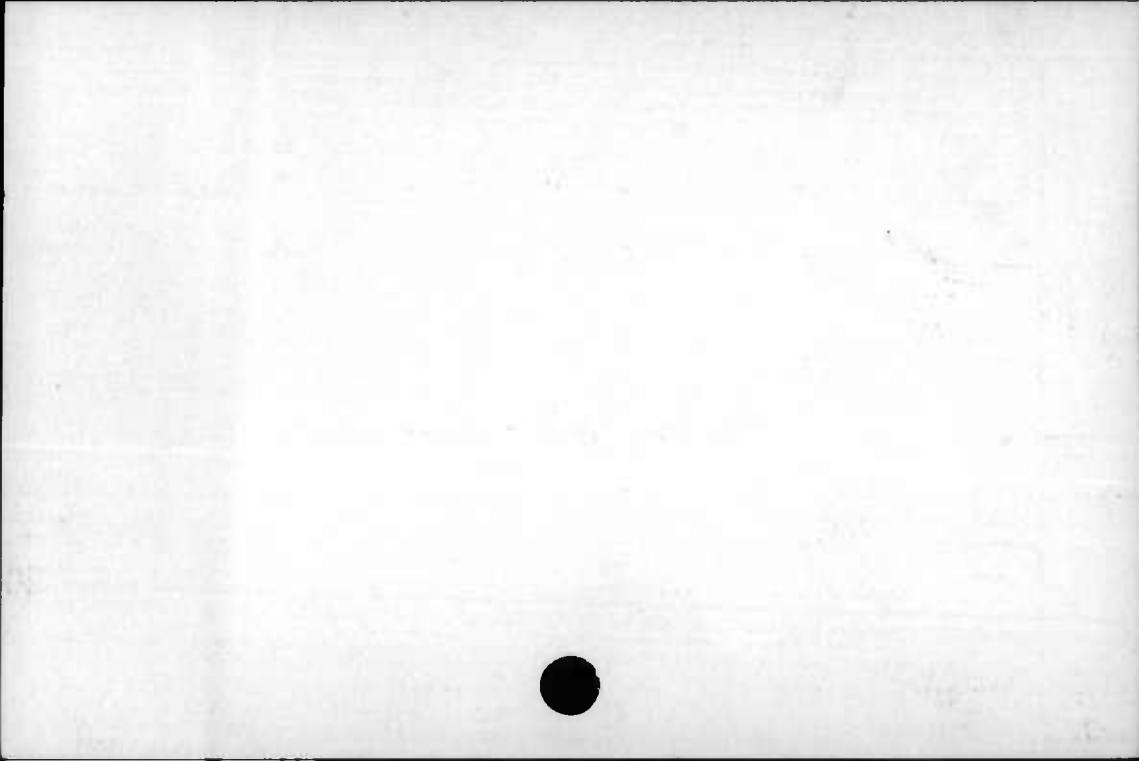
Chas. J. Handman

Address

Easton

Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Taibor</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>25</u>	Age <u>59</u> Years	Months <u>  </u> Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Easton</u>		
Occupation <u>housewife</u>	Where Residing if not at place of death <u>  </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>  </u>				
Father's Name <u>David Hall</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Mary Alfred</u>	Mother's Birthplace <u>Northboro</u>				
Name of person giving information <u>John H. Baker</u>	How related to deceased <u>brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Endocarditis</u>	<u>79</u>	How long <u>7 yrs.</u>
Immediate <u>  </u>		How long <u>  </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. J. Hayward</u>	
<u>yes</u>	Address <u>Easton</u>	
Accident or Suicide? <u>  </u>	<u>  </u>	



Name  
in  
Full

William A. Harris

## CERTIFICATE OF DEATH

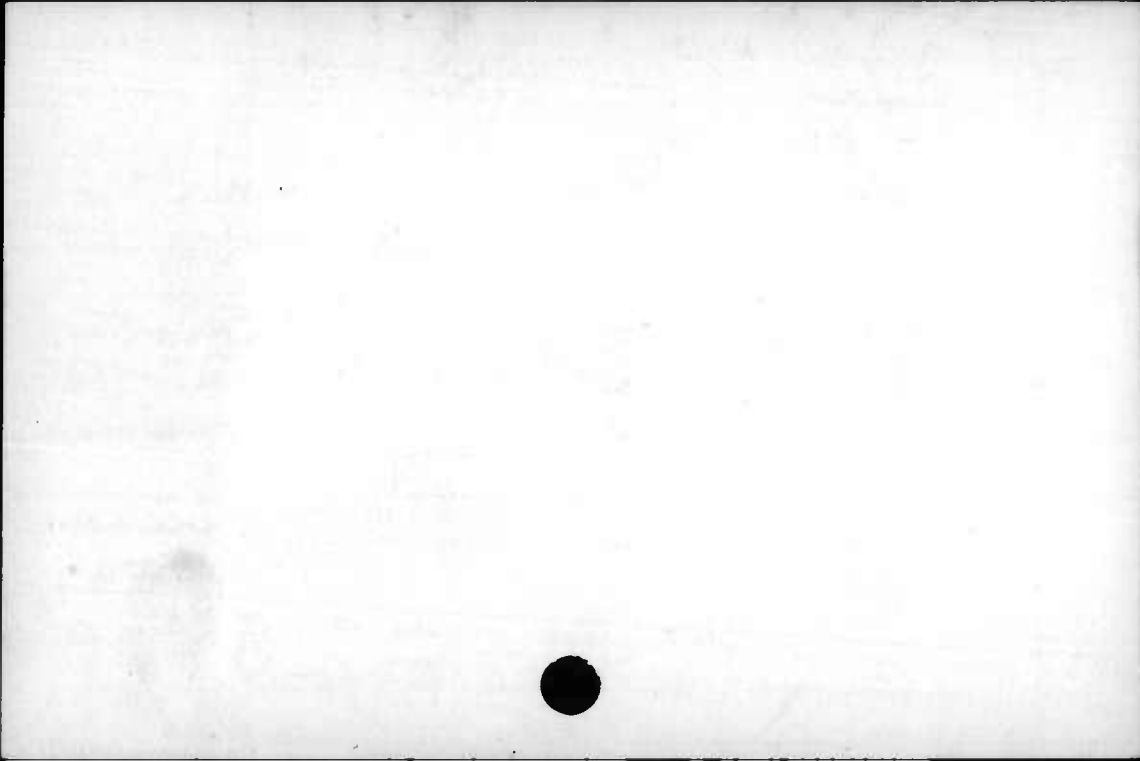
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>black</u>		Birth-place <u>Talbot Co</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William Harris</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Irene Rich</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	(105)	How long <u>3 wks</u>
Immediate <u>St. Raulston</u>		How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. F. Daudin</u>	<u>Easton, Md</u>
Address <u>—</u>		
Accident or Suicide? <u>—</u>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Oxford

Town

Date

1907

Month

July

Day

23

Years

Age

53

Months

Days

MARYLAND

Sex

Female

Color or  
Race

mulatto

Birth-  
place

Tallbot Co

Occupation

Laundress

Where Residing if not  
at place of death

Oxford

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Catherine Johnson

Father's  
Name

Perry Sherwood

Father's  
Birthplace

Tallbot Co

Mother's  
Maiden Name

Elizabeth Sherwood

Mother's  
Birthplace

Tallbot Co

Name of person giving  
In formation

Chas Johnson

How related  
to deceased

Husband

## CAUSES OF DEATH

120

Primary

Nephritis Parenchymatous

How long

8 weeks

Immediate

Asthma

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

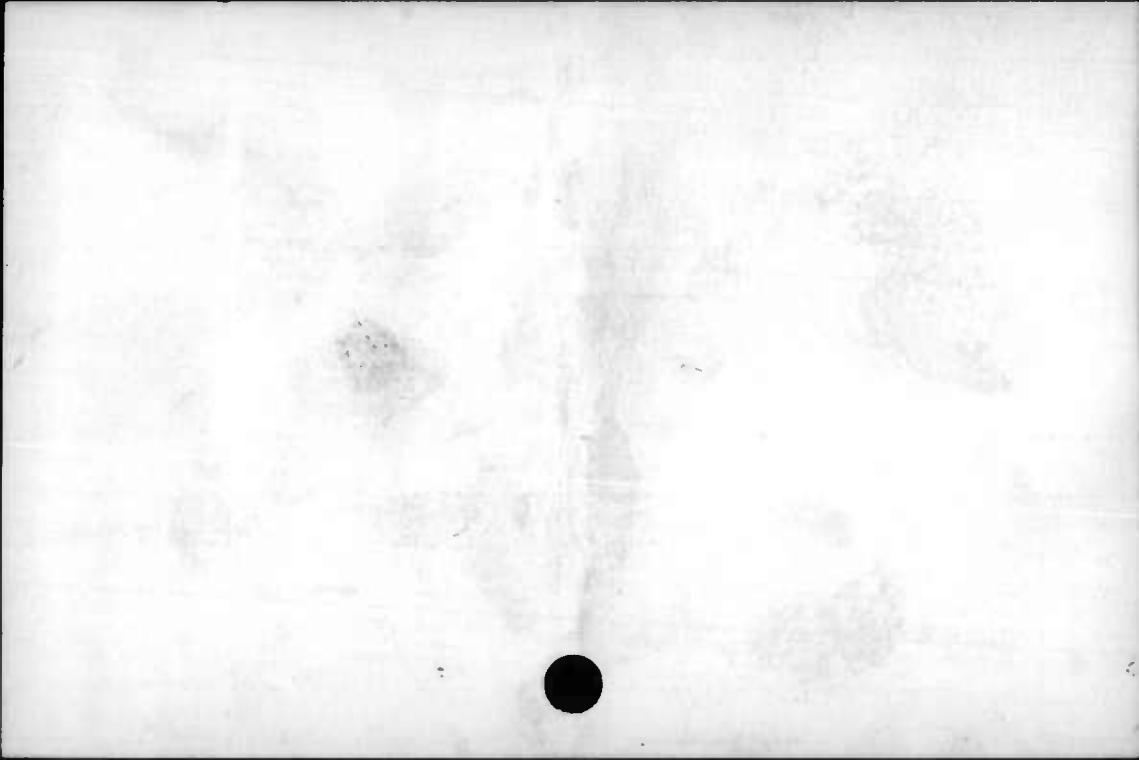
William A Davis M.D.

Address

Oxford  
Md.

Accident or Suicide?

X





Name  
in  
Full

Lillian E. Kirby

## CERTIFICATE OF DEATH

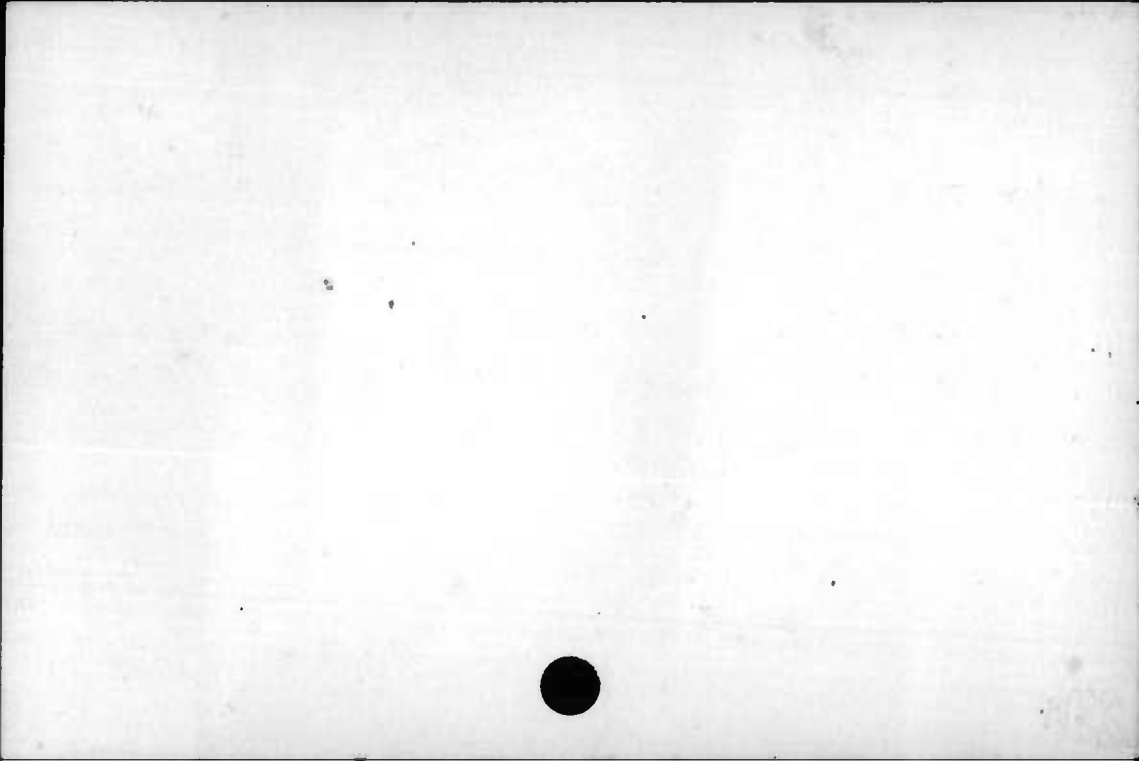
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> <sup>Town</sup>		<i>Fred cot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>18</i>	Age <i>15</i>	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>St Michaels</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>.. ..</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Samuel J. Kirby</i>	Father's Birthplace <i>St Michaels</i>				
Mother's Maiden Name <i>Harriet Green</i>	Mother's Birthplace <i>B.C. Neck Md</i>				
Name of person giving information <i>Samuel J. Kirby</i>	How related to deceased <i>Father</i>				

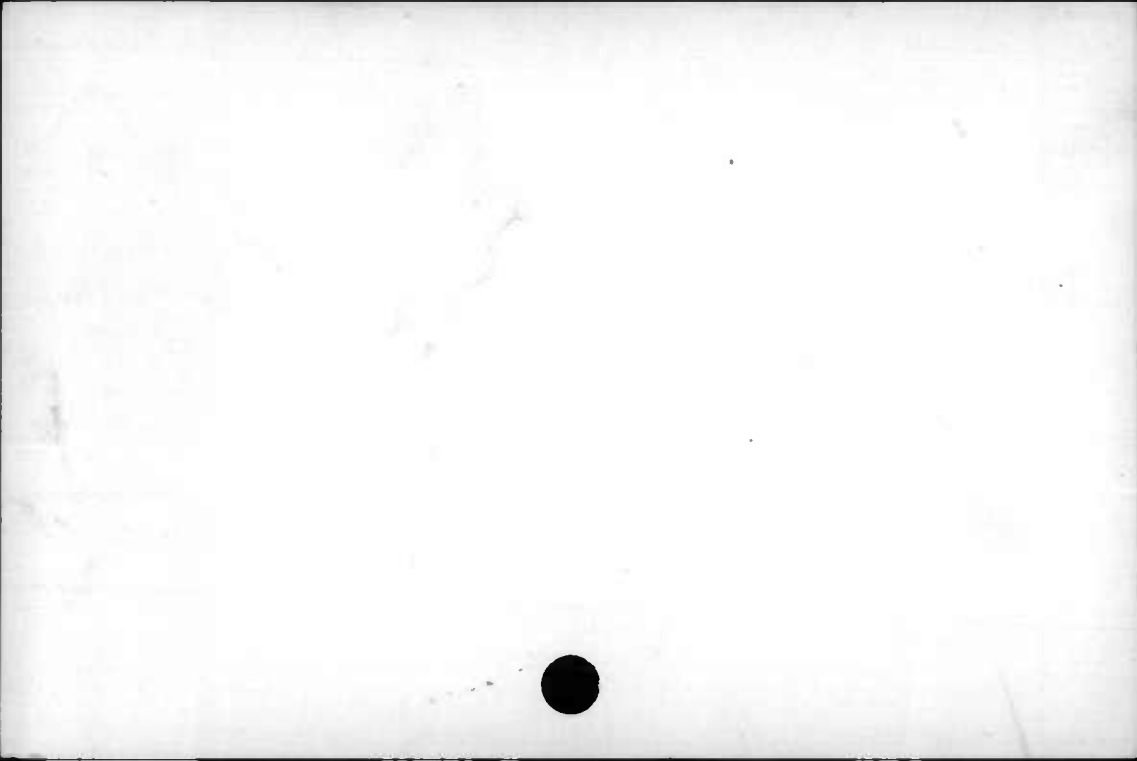
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	<i>177</i>	How long <i>7 or 8 weeks</i>
Immediate <i>Heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Green</i>	Address <i>St Michaels Md</i>
Accident or Suicide?		



Name in Full		John Lambert Rimmer Jordanum				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tilghman		County Talbot		MARYLAND		
	Date of death	1907	Month July	Day 16	Age	Years —	Months — Days 27	
	Sex	Male		Color or Race	White		Birth-place	Tilghman
	Occupation	—			Where Residing if not at place of death			—
	Married, Single or Widowed	—		Name of Wife or Husband				—
	Father's Name	Daniel Jordanum				Father's Birthplace	Tilghman Md	
	Mother's Maiden Name	Ruth Rozema Rimmer				Mother's Birthplace	Queen Anne Co	
Name of person giving information	" " "				How related to deceased	Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">150</div>								
PHYSICIAN OR CORONER	Primary	Spina Bifurda				How long	27 days	
	Immediate	Convulsions				How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				J. K. Wilson			
Address				Tilghman Md				
Accident or Suicide?				no				



Name  
in  
Full

Vincent Leunans

CERTIFICATE OF DEATH

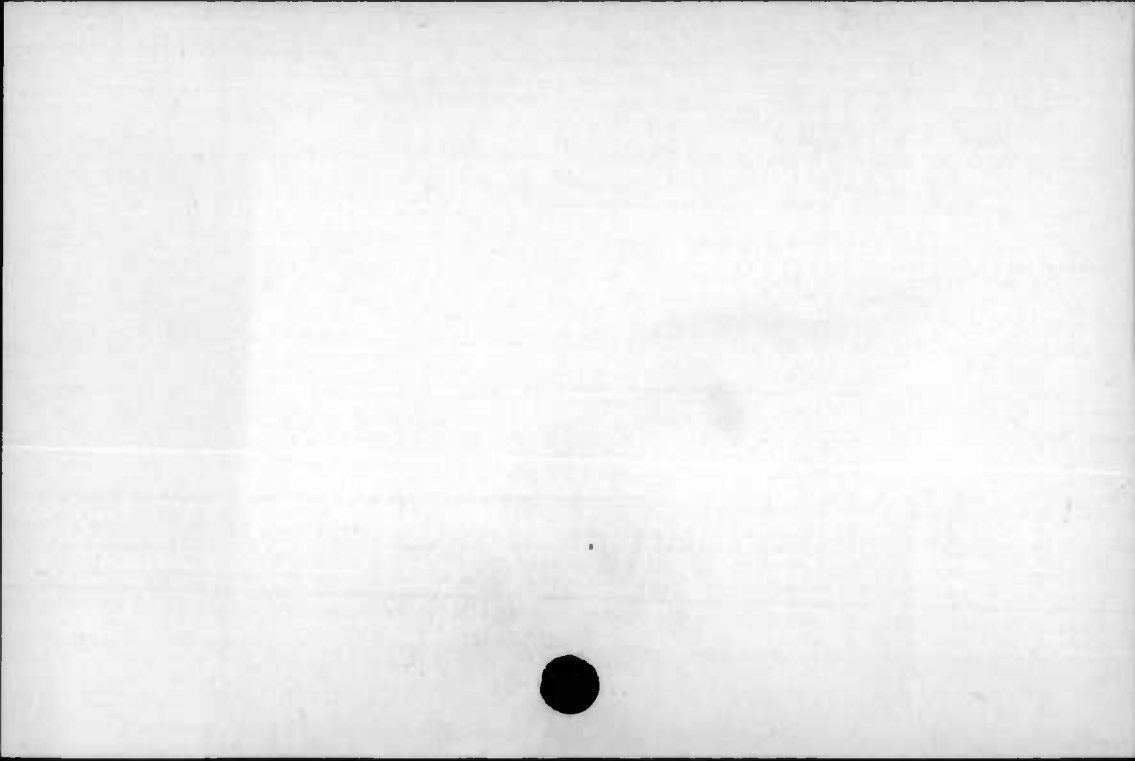
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eustis</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	190 <u>7</u> July	Day	30	Age	Months <u>—</u> Days <u>22</u>
Sex	<u>M</u>	Color or Race	<u>Black</u>	Birth-place	<u>Eustis</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Robert Henry Leunans</u>			Father's Birthplace	<u>D.C.</u>
Mother's Maiden Name	<u>Hauwelen Gibson</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>F. Gibson</u>			How related to deceased	<u>S. Mother</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Ischemic - Enteral</u>	How long	<u>1 week</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>F. B. Merritt</u>	
		Address <u>Eustis, Ind.</u>	
Accident or Suicide?			



Name  
in  
Full

Sodie Crestine Butler McQuay

## CERTIFICATE OF DEATH

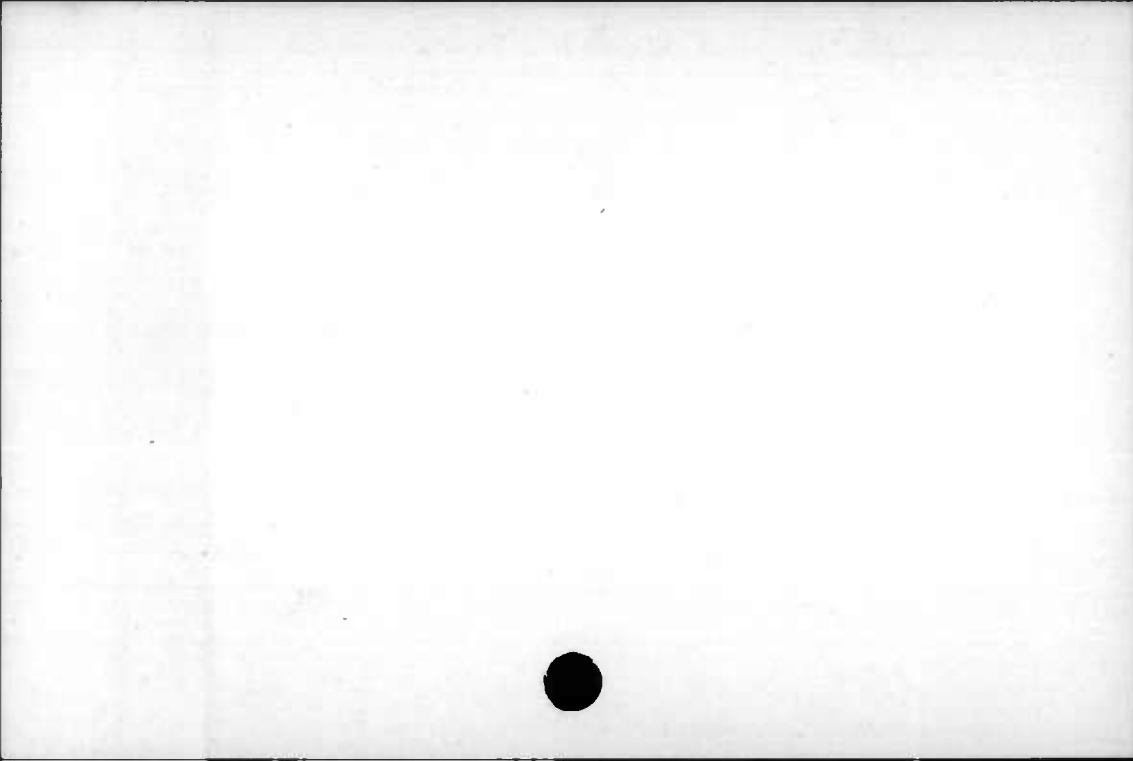
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stokpton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	16
Age	24	Years		Months	2
Sex	Female	Color or Race	Black	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Fred. McQuay		
Father's Name	Wm. Butler		Father's Birthplace	Md.	
Mother's Maiden Name	Not Known		Mother's Birthplace	"	
Name of person giving information	Fred. McQuay			How related to deceased	husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inasarca	How long	2 years
Immediate	Disease of the Heart	How long	1 "
Are the name, age, sex, color, date and place correctly given above?		They are	
Signature of Physician		Chas. H. Rose	
Address		Cordova, Md.	
Accident or Suicide?			





Name  
in  
Full

Edward Marion Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Belvue Town Palvo County

State MARYLAND

Date of death 1907 Month July Day 21 Age 1 Years 10 Months 14 Days

Sex Male Color or Race Negro Birth-place Belvue

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Jos. E. Maddox

Father's Birthplace

Somerset Co

Mother's Maiden Name

Mary Thomas

Mother's Birthplace

Belvue

Name of person giving information

Jos. E. Maddox

How related to deceased

Father.

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Inflammation of bowels

How long

3 months

Immediate

Ascherina

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Saml C. Tripper

Address

Royal Oak.  
Md.

Accident or Suicide?



Name  
in  
Full

James Maxwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

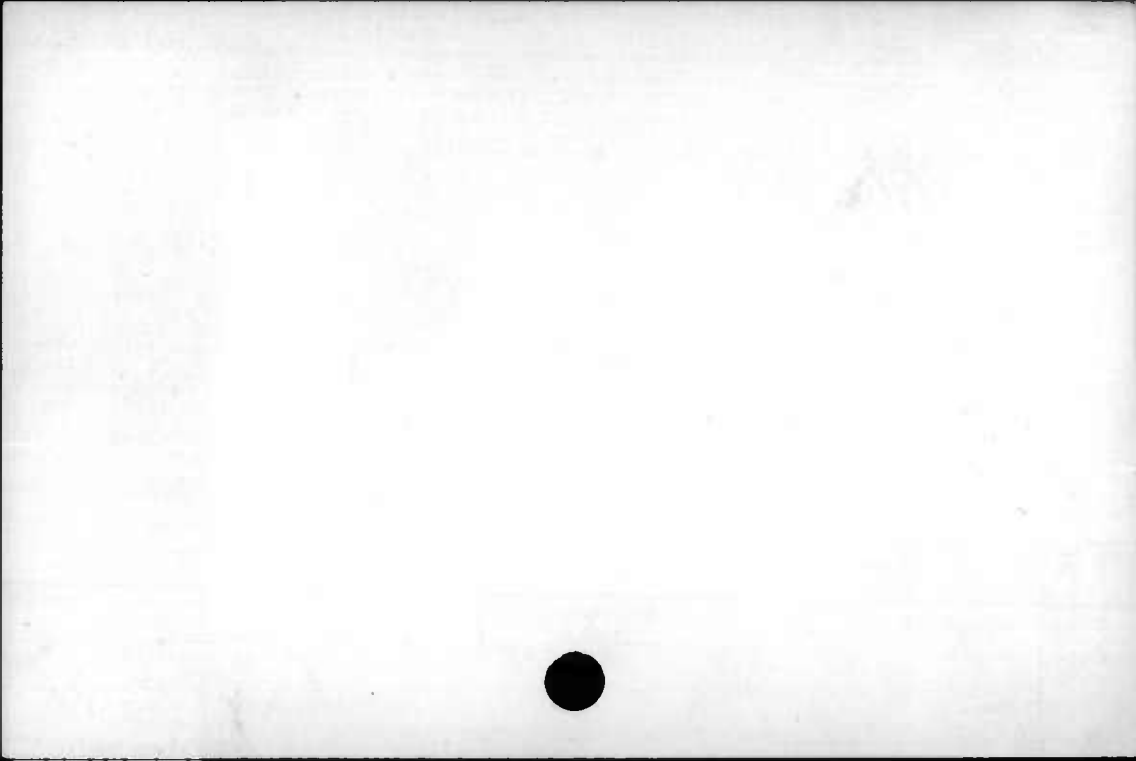
Died at <u>Trappan</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>July</u>	Day <u>1</u>	Age <u>60</u> Years	Months <u>✓</u> Days <u>✓</u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Talbot Co.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>John DeGushy, Supt.</u>		How related to deceased <u>Home</u>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Organic heart disease &amp; Hemiplegia</u>	How long <u>5 years</u>
Immediate <u>Acute dilation</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. S. Seymour</u>
	Address <u>Trappan Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

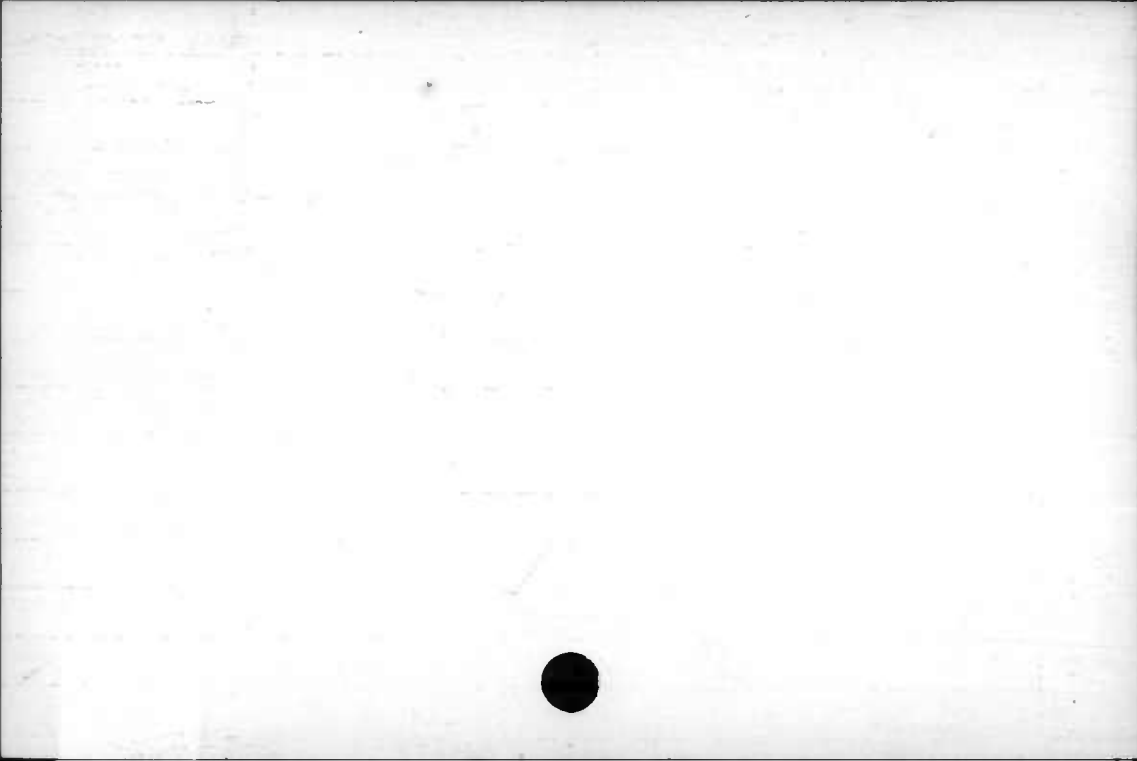
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Williamstown*  
*Coast**Merrick*  
*Talbot*Date of death *1907* *July*Day *4*Age *42*Months *-*Sex *Male*Color or  
Race *White*Birth-  
place *Ind*Occupation *Travelling Salesman*Where Residing if not  
at place of death *X*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Susie L Merrick*Father's  
Name *Mr. R. Merrick*Father's  
Birthplace *don't know*Mother's  
Maiden Name *Sarah L Burdette*Mother's  
Birthplace *Ind*Name of person giving  
In formation *Susie L Merrick*How related  
to deceased *Wife*

## CAUSES OF DEATH

**93**Primary *Acute Congestion of Kidneys*How long *one month*Immediate *Pneumonia & Emphysema*How long *a few days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *E. R. Dipple*Address *Easton*Accident or Suicide? *Ind*



Name  
in  
Full

Odell H. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

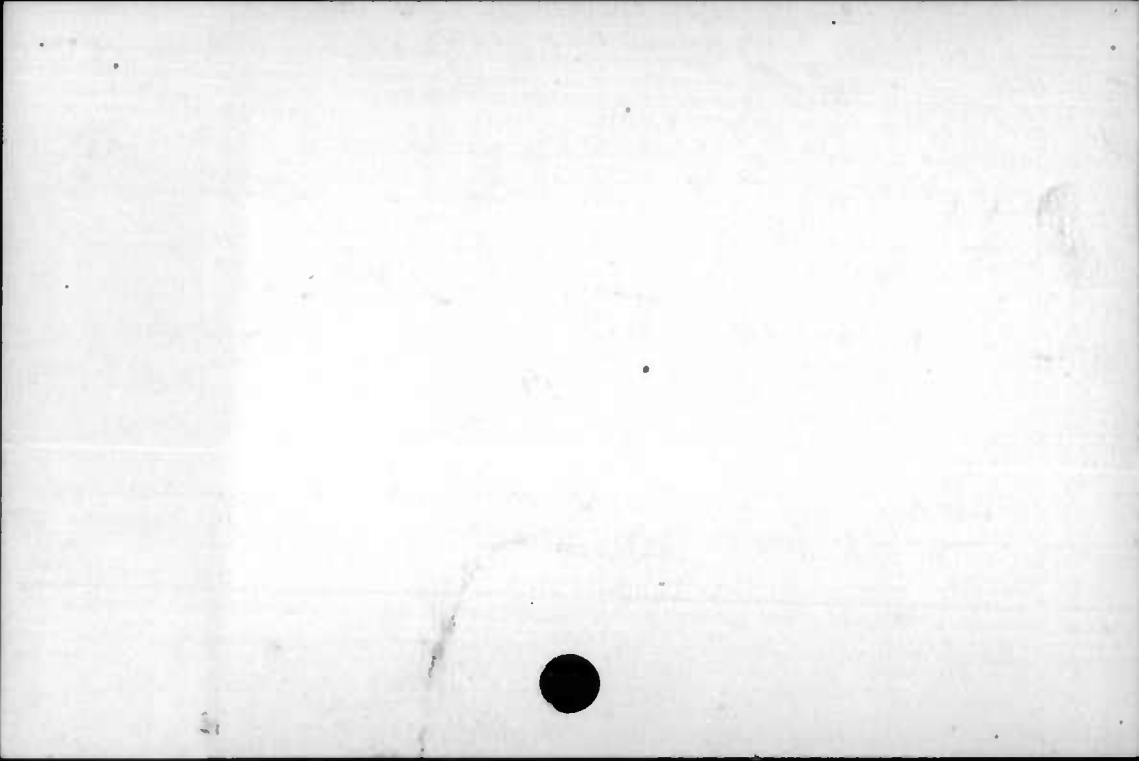
Died at <i>St Michaels</i>		Town <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>11</i>	Age <i>4</i>	Years <i>4</i>	Months <i>2</i>	Days <i>3</i>	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>St Michaels</i>				
Occupation <i>infant</i>			Where Residing if not at place of death <i>.. ..</i>				
Married, Single or Widowed <i>"</i>			Name of Wife or Husband <i>infant</i>				
Father's Name <i>James Moore</i>			Father's Birthplace <i>St Michaels</i>				
Mother's Maiden Name <i>Mary Gato</i>			Mother's Birthplace <i>St Michaels</i>				
Name of person giving information <i>James Moore</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary <i>Malarial fever</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Davis</i>
	Address <i>St. Michaels</i>
Accident or Suicide?	<i>med</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

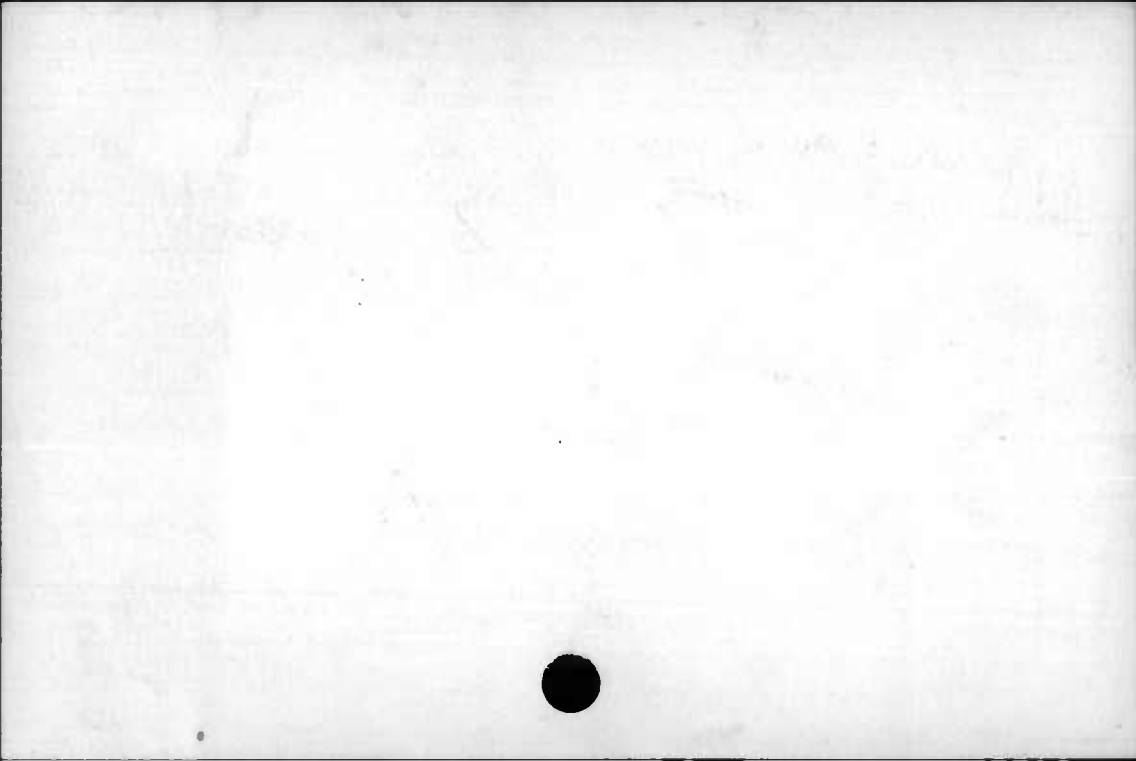
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	5	71	8	20	
Sex	Male	Color or Race	White	Birth-place	Talbott Co. Md.		
Occupation	Hotel Proprietor		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Helen Norris				
Father's Name	Thomas Norris		Father's Birthplace	Md.			
Mother's Maiden Name	Mary Chambers		Mother's Birthplace	Md			
Name of person giving information	Mrs. Kirby Norris		How related to deceased	son			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's Disease	How long	16 mos
Immediate	Exhaustion	How long	few wks
Are the name, age, sex, color, date and place correctly given above?		y es	
Signature of Physician		Chas. T. Davidson	
Address		Easton Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

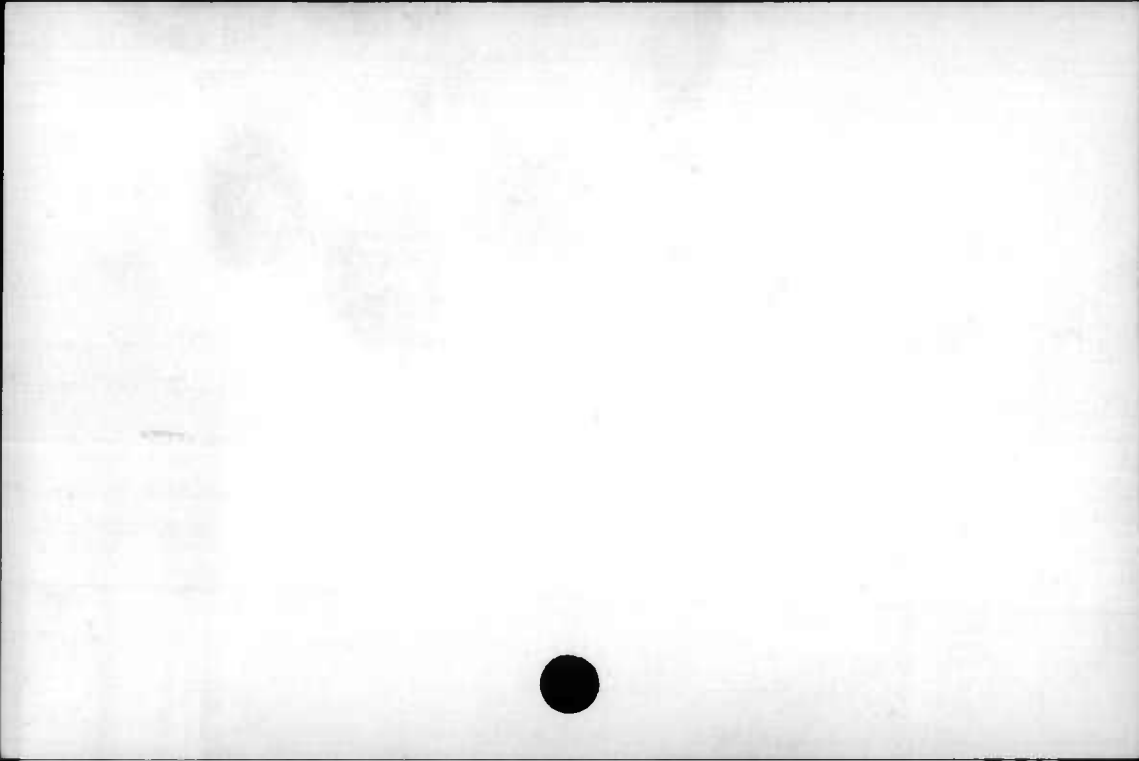
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mrs. Susana Sears</b>		Town <b>Sherwood</b>		County <b>Talbot</b>		MARYLAND	
Died at <b>Sherwood</b>		Month <b>July</b>		Day <b>11</b>		Age <b>69</b>	
Date of death <b>1907</b>		Months <b>3</b>		Days <b>23</b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Talbot Co.</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Sherwood - Md</b>					
Married, Single or Widowed <b>Widow</b>		Name of Husband <b>Gilbert Murdoch Sears</b>					
Father's Name <b>Wm N. Lomdin</b>		Father's Birthplace <b>Talbot Co</b>					
Mother's Name <b>Mrs Catharine Lomdin</b>		Mother's Birthplace <b>Unhewn</b>					
Name of person giving information <b>Grover and Frances Smith</b>		How related to deceased <b>Sister</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>La-Grippe</b>	How long <b>(27)</b>
Immediate <b>Phthisis Pulmonalis</b>	How long <b>Six mos</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S. Kennedy Johnson</b>
	Address <b>Lilgeman Md</b>
Accident or Suicide?	



Name  
in  
Full

Joseph Lee Shane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

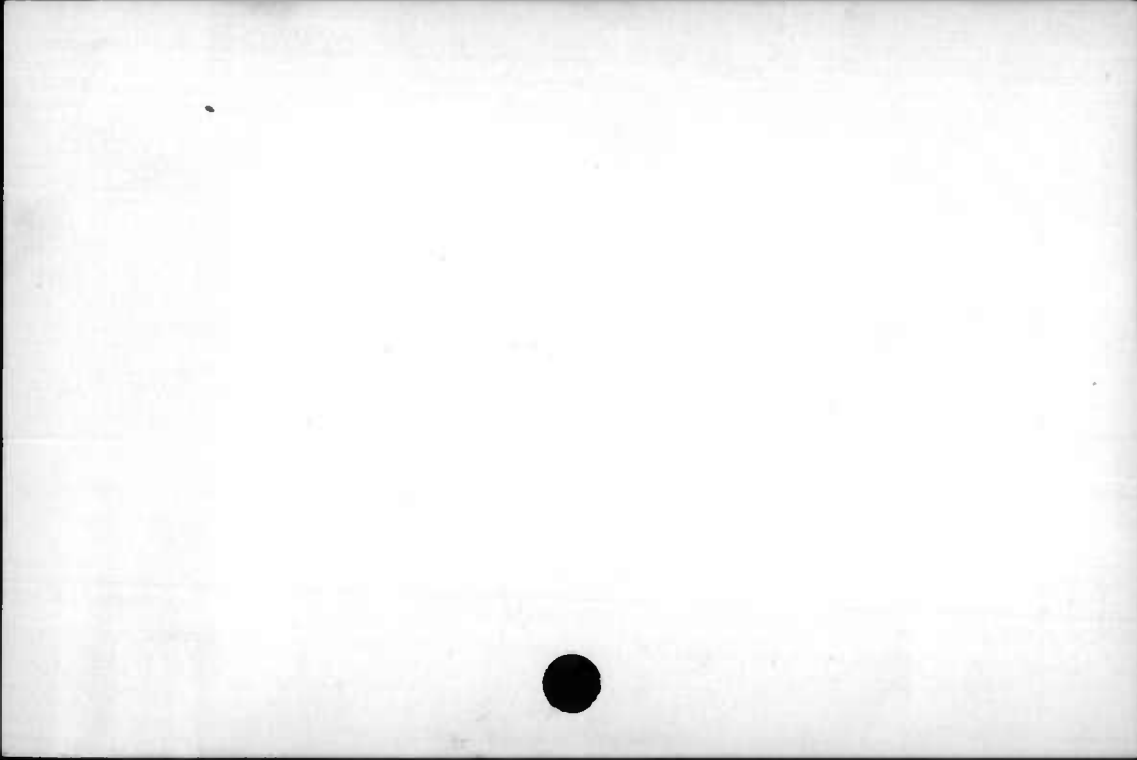
Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>		Month <u>July</u>	Day <u>2</u>	Age <u>—</u> Years	Months <u>6</u> Days <u>28</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Easton</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>Easton</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Jos F Shane</u>			Father's Birthplace <u>Baltimore Md.</u>		
Mother's Maiden Name <u>Josephine Lewis</u>			Mother's Birthplace <u>Talbot Co Md.</u>		
Name of person giving information <u>Jos F Shane</u>			How related to deceased <u>Porter</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>19 days</u>
Immediate <u>Collapse from Heart failure</u>	How long <u>30 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robt. Ray Roth M.D.</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u>No</u>	



Name  
is  
Full

Charles R. Sheridan

## CERTIFICATE OF DEATH

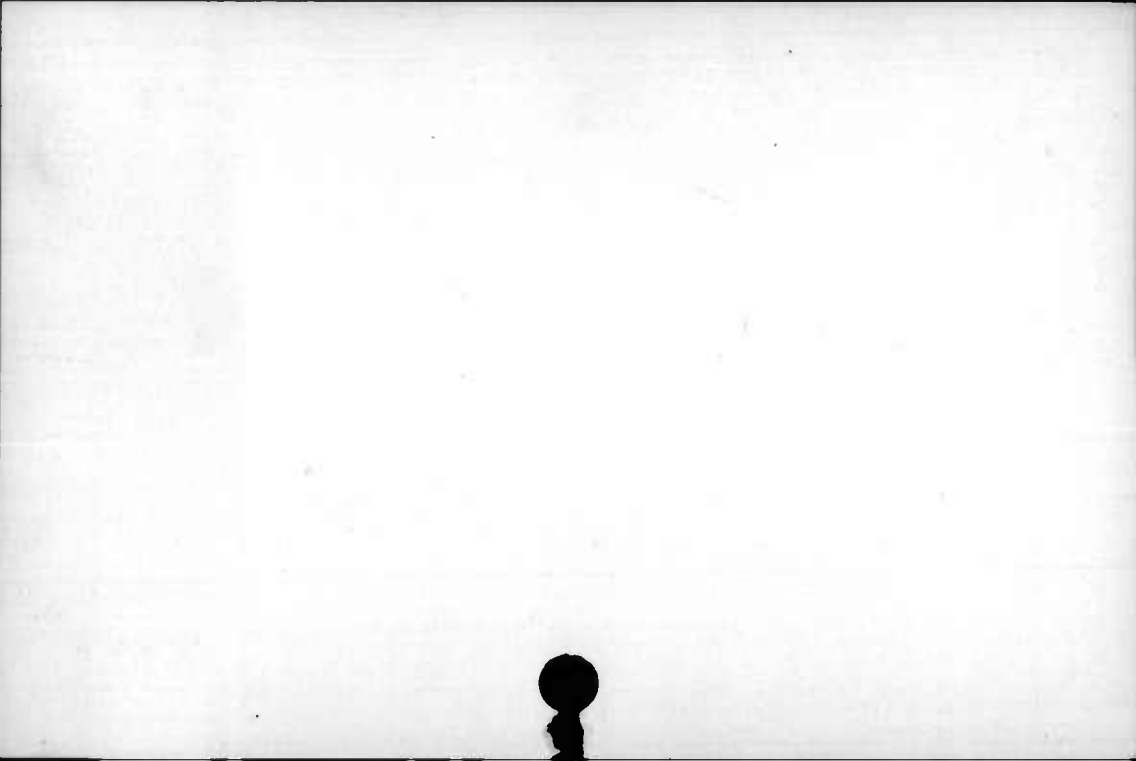
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>near</i>		Town <i>Grapple</i>		County <i>Dalboe</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>27</i>	Age <i>77</i>	Years <i>77</i>	Months <i>6</i>	Days <i>11</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Marston Dalboe Co Ind</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Hannah Ann. Streets</i>						
Father's Name <i>James Sheridan</i>			Father's Birthplace <i>County of Donegal Ireland</i>				
Mother's Maiden Name <i>Mary</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>P. Lafayette Sheridan</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malarial Dysentery.</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A Ross M D</i>
	Address <i>Grapple Dalboe Co Ind</i>
<del>Accident or Suicide?</del>	





Name  
in  
Full

Sarah Shertling

CERTIFICATE OF DEATH

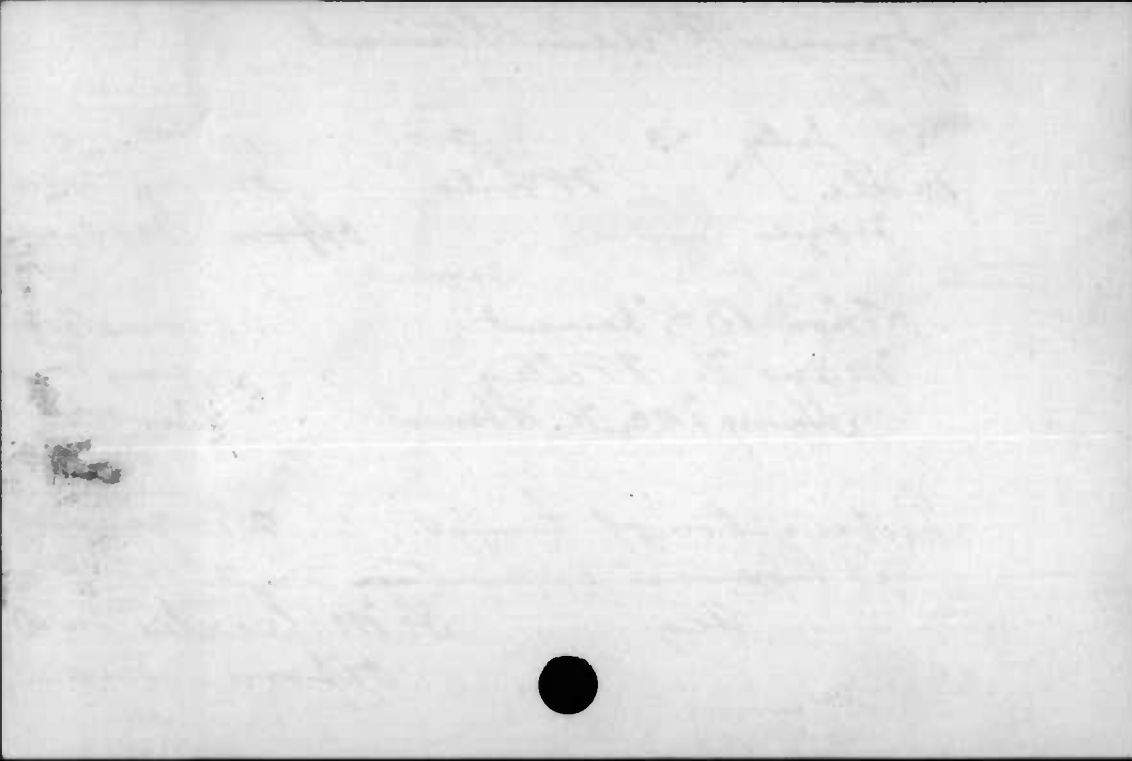
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellview</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	21
Age		68		Months	
Sex	Female	Color or Race	Negro	Birthplace	Crisfield
Occupation			Where Residing if not at place of death	<i>Bellview</i>	
Married, Single or Widowed	Widow	Name of Wife or Husband	<i>Davy</i>		
Father's Name	<i>Jacob Agnew</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Mellic Shertling</i>			Mother's Birthplace	<i>Crisfield</i>
Name of person giving information	<i>Sale Ashby</i>			How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Asperity</i>	How long	<i>1 week</i>
Immediate	<i>Askenia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Sam'l C. Trippe</i>	
		Address	
		<i>Royal Oak</i>	
		<i>md</i>	
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

James Willis Stewart

## CERTIFICATE OF DEATH

MARYLAND

Died at *Offord*County *Talbot*Date of death 1907 *July*

Month

Day *3*Age *20.*

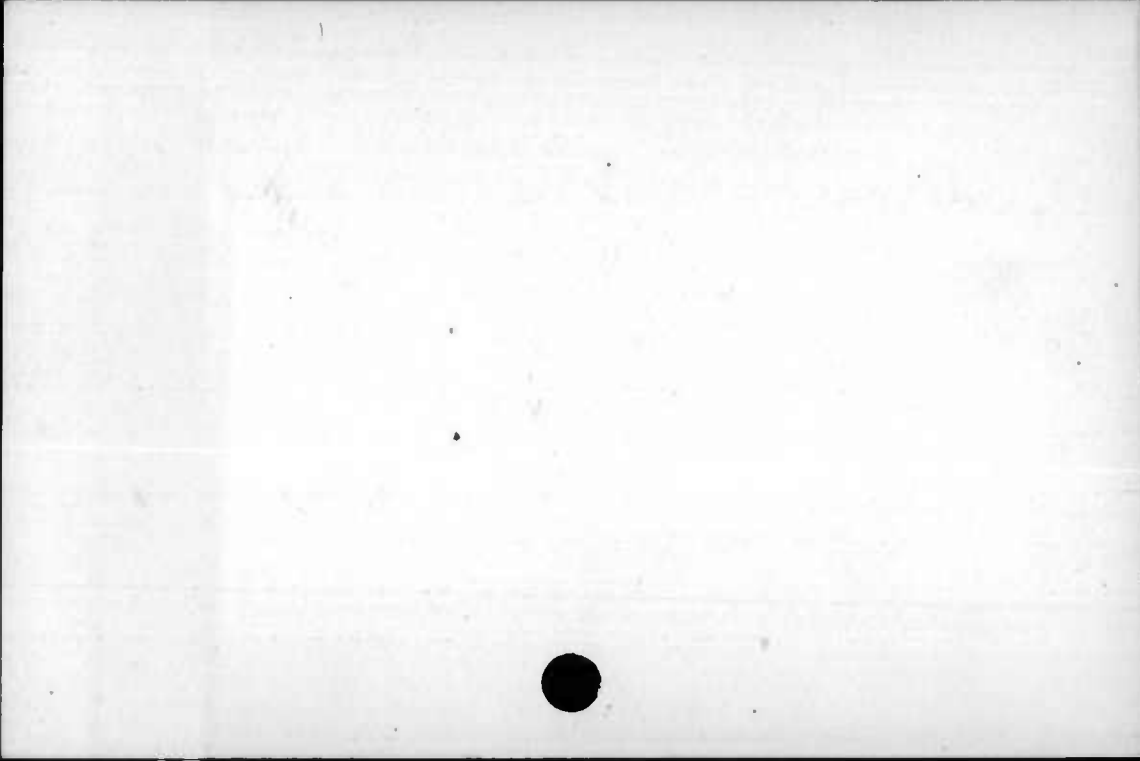
Years

Months *11*Days *0*Sex *Male*Color or  
Race *White*Birth-place *Offord Md*Occupation *None*Where Residing if not  
at place of death *Offord Md*~~Married~~; Single  
or ~~Widowed~~Name of Wife or  
Husband *None*Father's Name *Thos. B. Stewart*Father's Birthplace *Offord Md*Mother's Maiden Name *Mary V. Willis*Mother's Birthplace *Offord Md*Name of person giving  
Information *Henry Mc..K. Stewart*How related  
to deceased *Brother*

## CAUSES OF DEATH

27

Primary *Tuberculosis of Lungs.*How long *2 1/2 years*Immediate *Physical exhaustion*How long *2 weeks.*Are the name, age, sex, color, date  
and place correctly given above? *Yes.*Signature of  
Physician *F. M. Eccles M.D.*Address *Offord Md*Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

Silas Sullivan

Town

County

MARYLAND

Died at

Trappe

Talbot

Date

of death 1907

Month

July

Day

17

Years

Age 82

Months

1

Days

6

Sex

Male

Color or  
Race

White

Birth-  
place

Caroline Co. Md.

Occupation

Chronic Retired farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
Husband

Eliza Sullivan

Father's  
Name

Andrew Sullivan

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

J. E. Sullivan

How related  
to deceased

Son

## CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

4 years

Immediate

Cerebral hemorrhage

How long

16 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

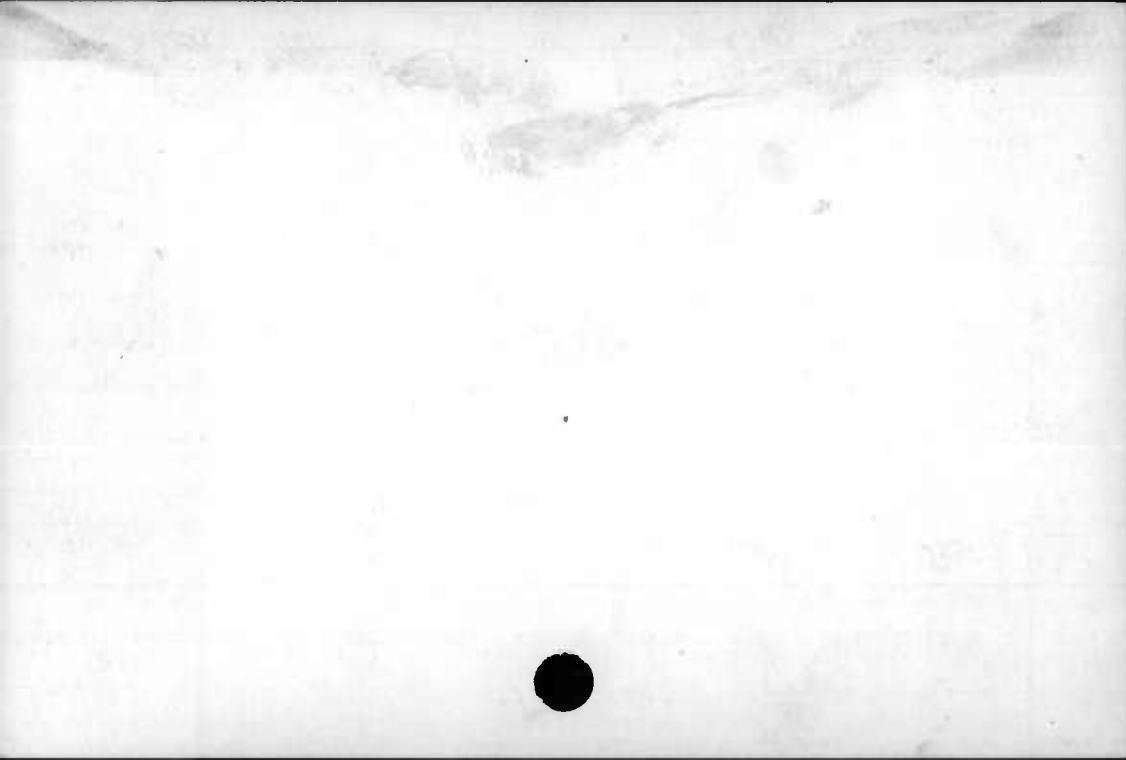
Wm. S. Seymour

Address

Trappe, Md.

Accident or Suicide?

✓



Name  
in  
Full

Perry Thomas

## CERTIFICATE OF DEATH

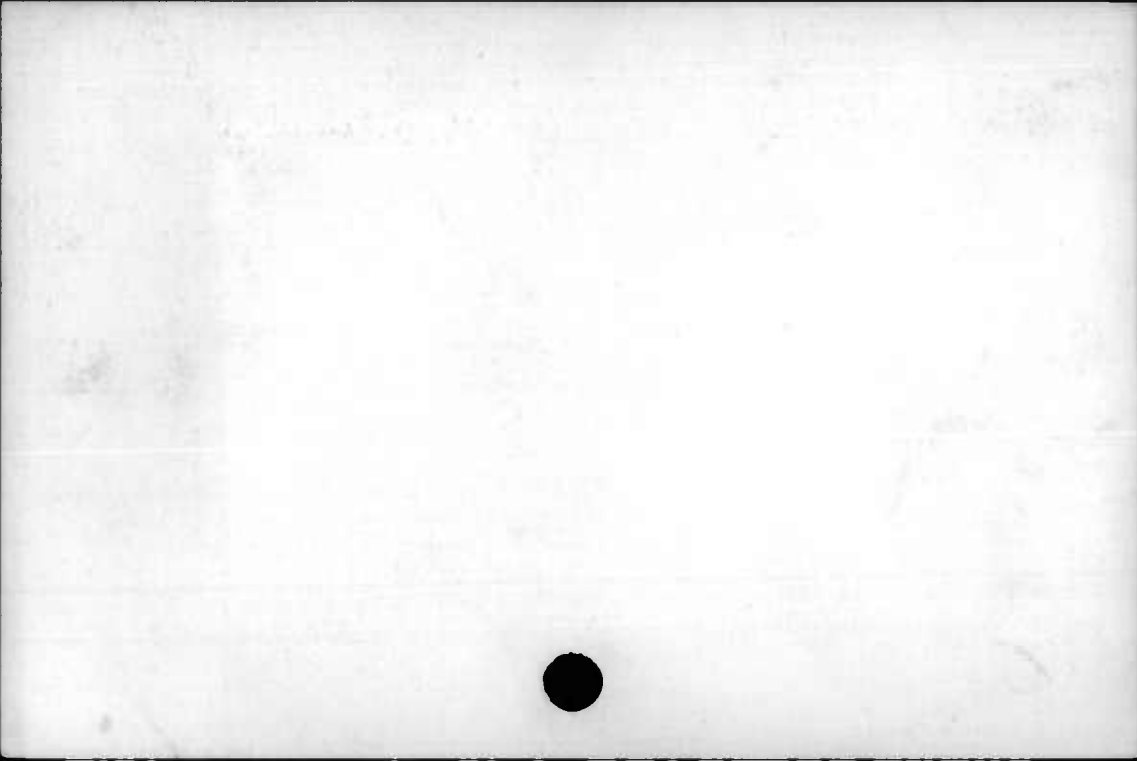
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>July</i>	Day <i>11</i>	Age <i>46</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth place <i>Talbot Co.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>John De Guichey, Sept.</i>				How related to deceased <i>of family name</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	<i>125</i>	How long <i>8 months</i>
Immediate <i>Nephritis</i>		How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr. S. Seymour</i>	Address <i>Trappe Md.</i>
Accident or Suicide? <i>no</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant child of Lillie Tripp

Died at <sup>Town</sup> Near Easton<sup>County</sup> Talbot

MARYLAND

Date of death 1907 July

Day 19

Age

Years

Months 2

Days

Sex

Female

Color or Race

Black

Birthplace

Talbot Co

Occupation

—

Where Residing if not at place of death

Talbot Co

Married, Single or Widowed

—

Name of Wife or Husband

Lillie Tripp

Father's Name

Alonzo Pinder

Father's Birthplace

Talbot Co

Mother's Maiden Name

Lillie Tripp

Mother's Birthplace

Talbot Co

Name of person giving information

George Tripp

How related to deceased

Grandfather

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Has been sick since birth  
No Dr

How long

2 wks

Immediate

How long

2 wks

Are the name, age, sex, color, date and place correctly given above?

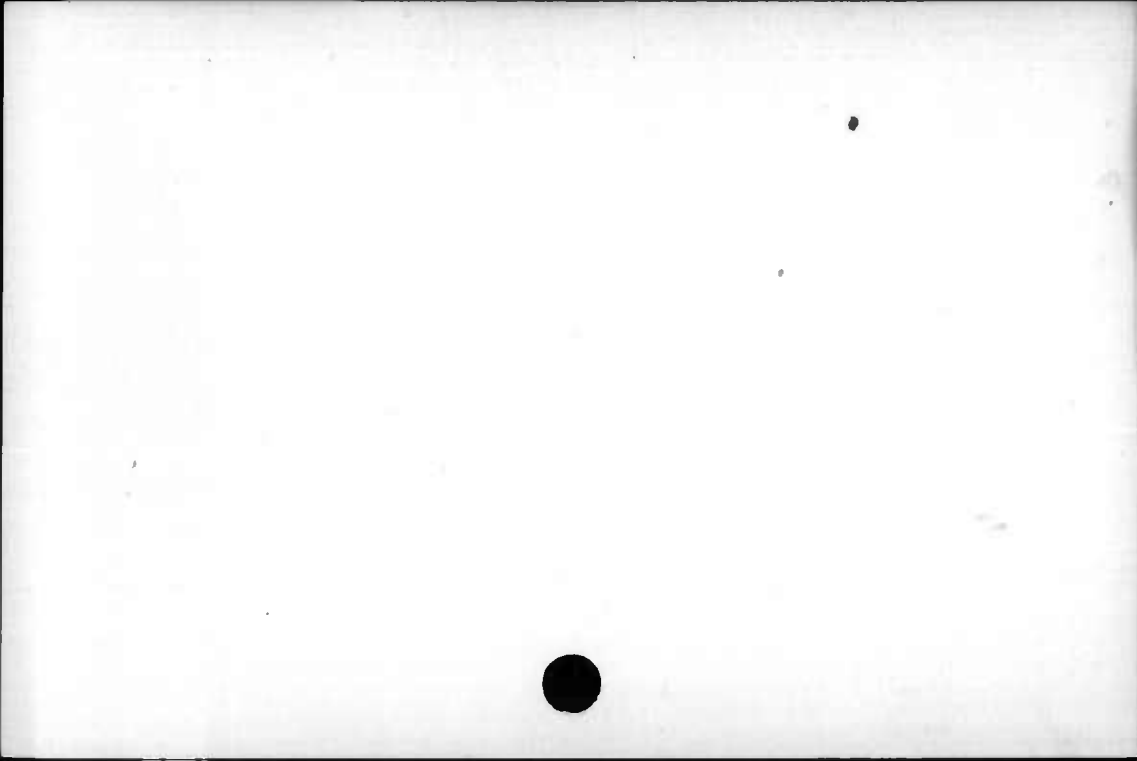
Signature of Physician

John B. Fairbank

Address

Sub Registrar

Accident or Suicide?



Name  
in  
Full

Sarah H. Zippe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

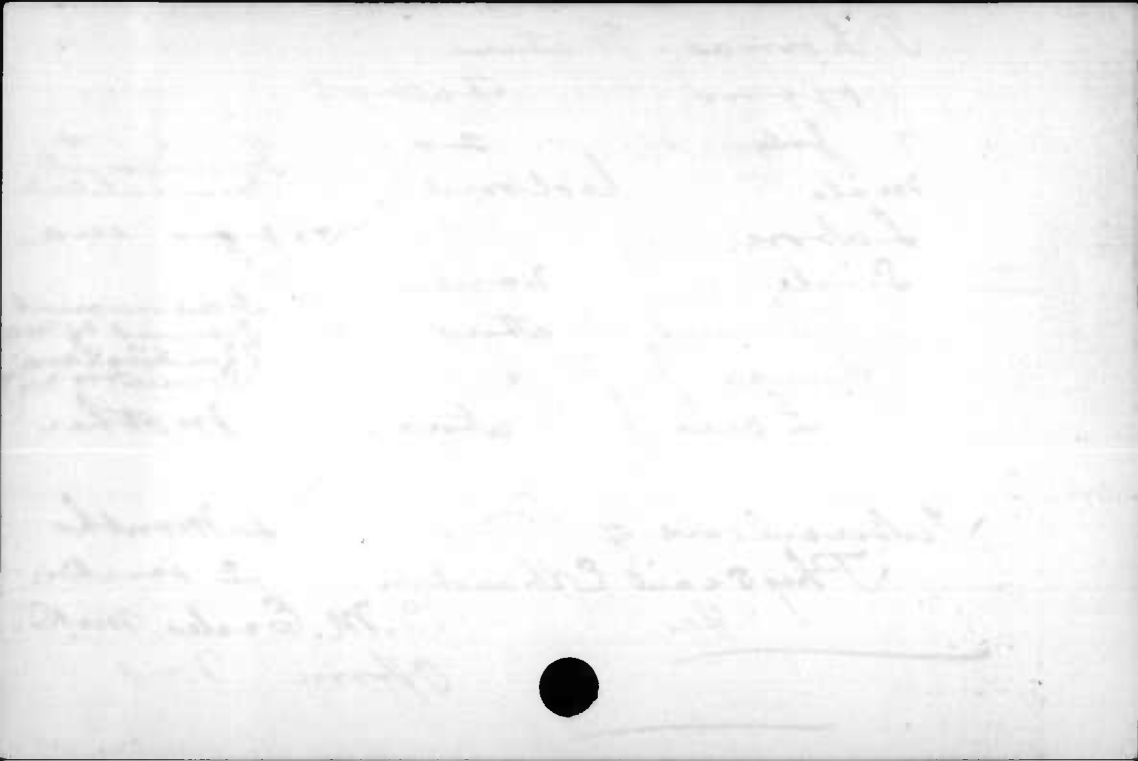
Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1907	Month July	Day 14	Age 32	Years	Months 3	Days 18
Sex	Female		Color or Race	White		Birth- place	Med
Occupation	Lady			Where Residing if not at place of death		X	
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	Thomas H. Zippe				Father's Birthplace	Med	
Mother's Maiden Name	Martha S. Mason				Mother's Birthplace	Med	
Name of person giving Information	Thos. H. Zippe				How related to deceased	Brother	

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	Nervous Prostration		How long	5 weeks
Immediate	Heart failure		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			E. R. Zippe	
			Address Easton	
			Med	
Accident or Suicide?				



Name  
in  
Full

Thomas. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

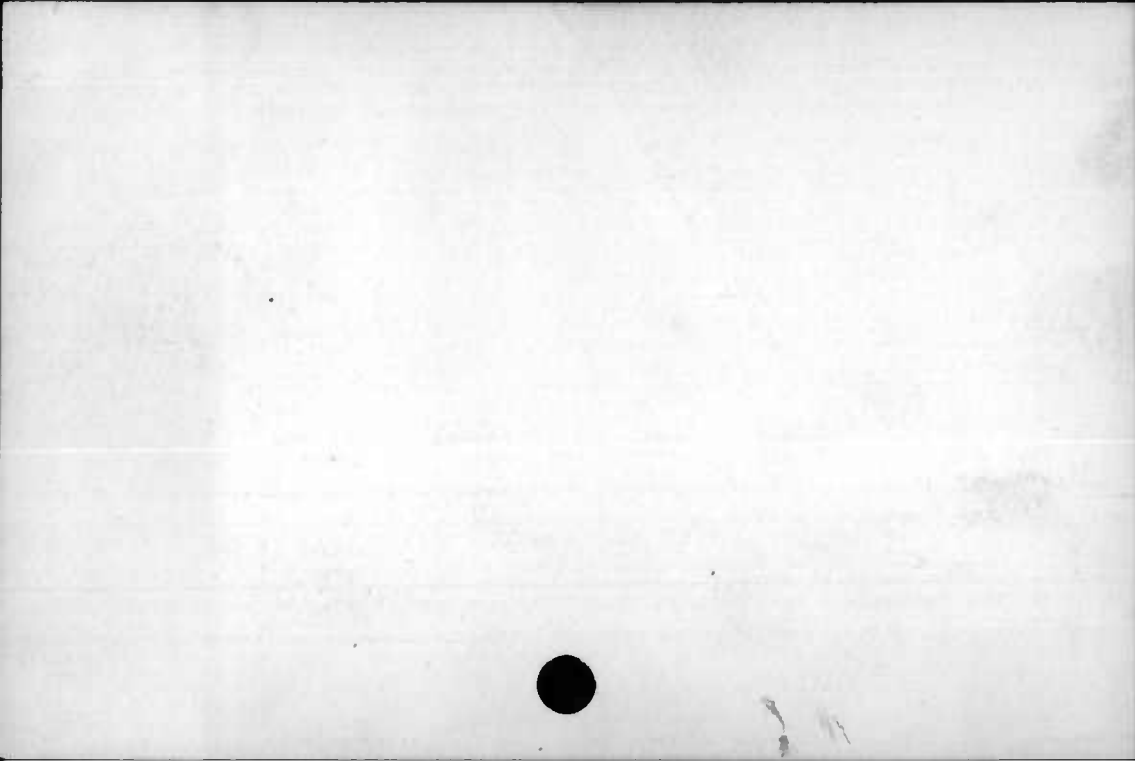
Died at		Town <i>Offora</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>4</i>	Age <i>20</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Faunmونت Somerset Co. Md</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>Offora Md</i>			
<u>Married, Single or Widowed</u>	<i>Single</i>			Name of Wife or Husband <i>none</i>			
Father's Name	<i>Thomas. Waters</i>				Father's Birthplace	<i>Faunmونت Somerset Co Md</i>	
Mother's Maiden Name	<i>Laura. J. Waters</i>				Mother's Birthplace	<i>Pending Landing Somerset Co Md</i>	
Name of person giving information	<i>Laura J. Waters</i>				How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>4 months</i>
Immediate	<i>Physical Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>A. M. Eccles M.D.</i>
		Address	<i>Offora Md</i>
Accident or Suicide? <i>_____</i>			



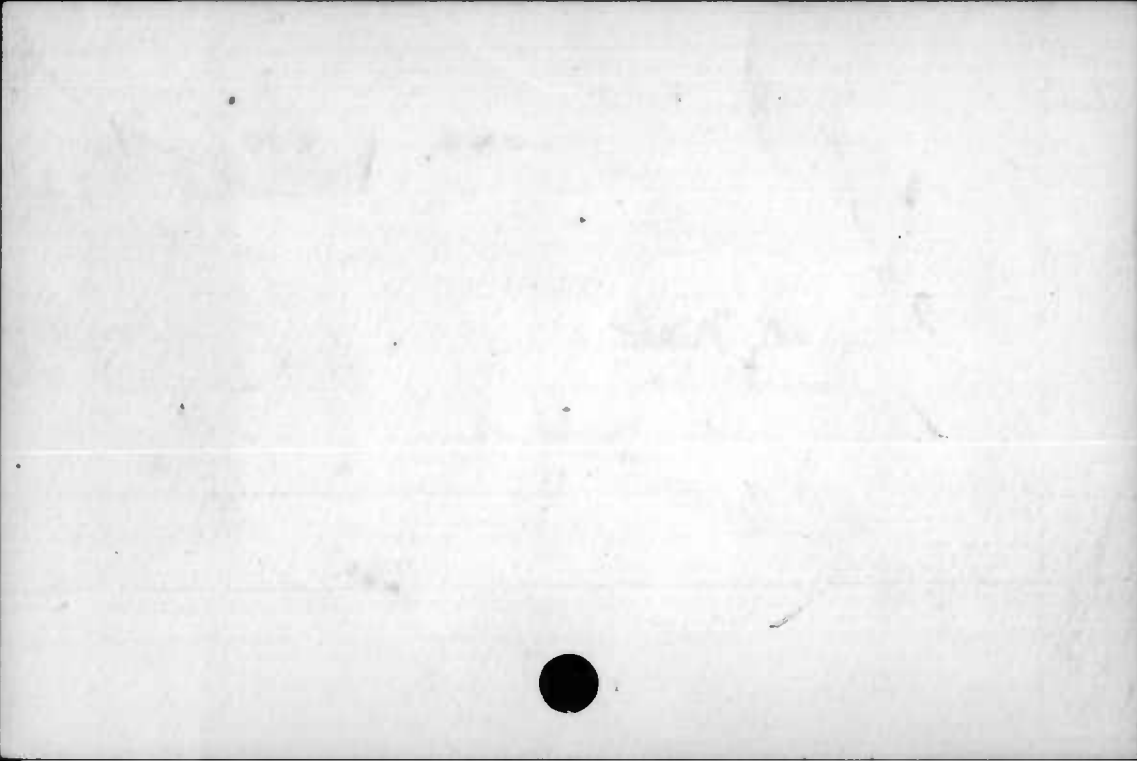
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Ada White</b>		Town <b>St Michaels</b>		County <b>Salt</b>		CERTIFICATE OF DEATH	
Died at		Month <b>July</b>		Day <b>1</b>		Years <b>2</b>	
Date of death		Age <b>2</b>		Months <b>5</b>		Days <b>—</b>	
Sex <b>Female</b>		Color or Race <b>Black</b>		Birth-place <b>St Michaels</b>			
Occupation <b>Infant</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Edward Harrison</b>		Father's Birthplace <b>Baltimore</b>					
Mother's Maiden Name <b>Carrie White</b>		Mother's Birthplace <b>St Michaels</b>					
Name of person giving information <b>Carrie White</b>		How related to deceased <b>Mother</b>					

CAUSES OF DEATH

Primary	<b>Thrush</b>	<b>(100)</b>	How long	<b>a month</b>
Immediate	<b>—</b>		How long	<b>—</b>
Are the name, age, sex, color, date and place correctly given above?		<b>Yes</b>	Signature of Physician <b>No Physician attending</b>	
			Address <b>Walter Skinner</b>	
Accident or Suicide?		<b>—</b>	<b>Autopsy</b>	





Name in Full		Mary Winston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oxford	Town	Talbot	County	MARYLAND	
	Date of death	7-16	Month	July	Day	16	Age
	Sex	Female	Color or Race	negro	Birthplace	Talbot Co Md.	Months
	Occupation	Housewife	Where Residing if not at place of death	—			
	Married, Single or Widowed	married	Name of Wife or Husband	Mary Winston			
	Father's Name	Thomas Nichols	Father's Birthplace	Denton Md.			
	Mother's Maiden Name	Bessie Young	Mother's Birthplace	Dorchester Co Md.			
Name of person giving information	James Nichols	How related to deceased	Brother				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Operation - Amputation				How long	3 weeks
	Immediate	Pneumonia				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Wm A Davis M.D.
	Accident or Suicide?	—				Address	Oxford Md.

